2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM DOCUMENT # F97659 **Secretary of State** 1. Entity Name ARTWEAR JEWELRY, INC. Principal Place of Business Mailing Address 16 SOUTH BLVD. OF PRESIDENTS 16 SOUTH BLVD. OF PRESIDENTS SARASOTA, FL 34236 SARASOTA, FL 34236 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2215647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOYT, MAUREEN A DO NOT WRITE 16 SOUTH BLVD. OF PRESIDENTS SARASOTA, FL 34236 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 14 to 1 SIGNATURE. Signature, typed or popled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAME HOYT, MAUREEN A U00000726518 STREET ADDRESS 16 BLVD. OF THE PRESIDENTS 05/04/07-80010-023 150.0D CITY-ST-ZIP SARASOTA, FL TITLE HOYT, GARY NAME STREET ADDRESS 16 BLVD. OF THE PRESIDENTS CITY-ST-ZIP SARASOTA, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4/16/07

941-388-2317

FILED

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