

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H90640

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** CELLINI ARTISTIC HARDWARE CORPORATION

**Current Principal Place of Business:**

1694 SE VILLAGE GREEN DRIVE  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1694 SE VILLAGE GREEN DRIVE  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 59-2617386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PDS  
**Name:** BLEW, CHRISTINE J.  
**Address:** 8809 SOUTH INDIAN RIVER DRIVE  
**City-St-Zip:** FT. PIERCE, FL 34982

**Title:** VDT  
**Name:** BLEW, JAMES W.  
**Address:** 8809 SOUTH INDIAN RIVER DRIVE  
**City-St-Zip:** FT. PIERCE, FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES BLEW

VP

01/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date