


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J30302</b> 1. Entity Name ILLUMINART, INC.	
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Principal Place of Business  
7320 GRIFFIN ROAD  
SUITE 111  
DAVIE, FL 33314 US

Mailing Address  
7320 GRIFFIN RD  
SUITE 111  
DAVIE, FL 33314 US



02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2708143	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROSE, MARCO  
4810 S.W. 54 TERRACE  
DAVIE, FL 33314

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSE, MARCO 4810 SW 54TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROSE, PAMELA P 4810 SW 54TH TERRACE DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100001452474  
03/21/06-80038-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:  Pamela Pelkey-Rose 3/8/06 954-327-0561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #