2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K77614

1. Entity Name

ISLAND ART, INC.



Jan 29, 2007 08:00 AM Secretary of State

FILED

Principal Place of Business

% RICHARD SHAFFETT 939 POMELO PLACE SARASOTA, FL 34236 Mailing Address

% RICHARD SHAFFETT 939 POMELO PLACE SARASOTA, FL 34236



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-0110815
 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

SHAFFETT, RICHARD 939 POMELO PLACE SARASOTA, FL 34236

changed, or on an attachment with an ad-

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees		\$5.00 May Be	
10. OFFICERS AND DIRECT		TORS		· · · · · · · · · · · · · · · · · · ·	, v , v , v , v , v , v , v , v , v , v
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAFFETT, RICHARD 939 POMELO PLACE SARASOTA, FL 34236				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·				U00000606835 01/31/07-80013-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby 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 emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					