

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003474

FILED
Mar 17, 2009
Secretary of State

Entity Name: VAN GOGH'S PALETTE, INC.

Current Principal Place of Business:

4801 78TH AVENUE
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

4801 78TH AVENUE
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-3720139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, DIANNE
19236 GULF BLVD UNIT 501
INDIAN SHORES, FL 33785 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: PD () Delete
Name: ZIEGLER, PAUL
Address: 13961 88TH TERRACE
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: HERSHKOWITZ, HAL E
Address: 1140 THIRD AVENUE SOUTH
City-St-Zip: TIERRA VERDE, FL 337152229

Title: SD () Delete
Name: CRONIN, CHRISTOPHER
Address: 19236 GULF BLVD #401
City-St-Zip: INDIAN SHORES, FL 33785

Title: VD () Delete
Name: CONNELLY, JOSEPH
Address: 343 PENNSYLVANIA AVE
City-St-Zip: OZONA, FL 34660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, DORENE CHIEF
Address: 7700 59TH STREET
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORENE THOMAS

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date