2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N01000006710

Entity Name: 1ST STUDIO ARTS & CULTURAL CENTER, INC.

Current Principal Place of Business:

1001 WEST JASMINE DRIVE
N
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

1001 WEST JASMINE DRIVE
N
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 65-1152497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAVOUR, JOI
1001 WEST JASMINE DRIVE
N
LAKE PARK, FL 33403 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: P ( ) Delete
Name: LANIER, SHIRLEY
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: THOMPSON, MARIE
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

Title: TS ( ) Delete
Name: MILLER, TAMMIE
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

Title: ED (X) Delete
Name: MAVOUR, JOI
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LANIER, SHIRLEY
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

Title: D (X) Change ( ) Addition
Name: THOMPSON, MARIE
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

Title: ED (X) Change ( ) Addition
Name: MAVOUR, JOI
Address: 1001 WEST JASMINE DRIVE, SUITE N
City-St-Zip: LAKE PARK, FL 33403

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOI MAVOUR ED 05/24/2006

Electronic Signature of Signing Officer or Director — Date