2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003672

Entity Name: THE OUTDOOR ARTS FOUNDATION, INC.

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1285 N. MCMULLEN BOOTH ROAD CLEARWATER, FL 33759

Current Mailing Address: New Mailing Address:

P.O. BOX 323 834 LANTANA AVE

CLEARWATER, FL 33767 SAFETY HARBOR, FL 34695

FEI Number: 45-0478133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PATTERSON, KIMBERLY D GOULDE, JASON A

1285 N. MCMULLEN BOOTH ROAD 834 LANTANA AVE CLEARWATER BEACH, FL 33767 US CLEARWATER, FL 33759

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: JASON GOULDE 07/09/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CPD () Change () Addition () Delete

GOULDE, JASON Name: Name: 1285 N. MCMULLEN BOOTH ROAD Address: Address:

City-St-Zip: CLEARWATER, FL 33759 City-St-Zip:

Title: () Delete Title: VD (X) Change () Addition PATTERSON, KIMBERLY Name: Name: NICKLAUS-BALL, LENNE

Address: 834 LANTANA AVE Address: 513 55TH AVENUE City-St-Zip: CLEARWATER, FL 33767 City-St-Zip: ST. PETE BEACH, FL 33706

Title: VD

Title: () Delete (X) Change () Addition PATTERSON, KIMBERLY D Name: REED, JAMES Name:

834 LANTANA AVENUE 1513 SOUTH ARRAWANA AVENUE Address: Address:

City-St-Zip: CLEARWATER BEACH, FL 33767 City-St-Zip: TAMPA, FL 33629

Title: () Delete Title: TD () Change (X) Addition Name:

Name: BENJAMIN, SUSAN 1778 CROSS CREEK WAY WEST Address: Address:

City-St-Zip: City-St-Zip: DUNEDIN, FL 34698

Title: () Delete Title: () Change (X) Addition

PAVLIGA, HEATHER Name: Name:

3205 W. DE LEON ST, UNIT A Address: Address:

City-St-Zip: City-St-Zip: TAMPA, FL 33609

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: JASON GOULDE CPD 07/09/2007

Electronic Signature of Signing Officer or Director

Date