2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005467

FILED May 02, 2006 Secretary of State

Entity Name: FULTON ROSS FUND FOR VISUAL ARTISTS, INC.

Current Principal Place of Business: New Principal Place of Business:

3360 S OSPREY AVENUE APT 102A 5216 OCEAN BLVD.

SARASOTA, FL 34239 SUITE B

SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

3360 S OSPREY AVENUE APT 102A 5216 OCEAN BLVD.

SARASOTA, FL 34239 SUITE B

SARASOTA, FL 34242

FEI Number: 22-3858593 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:

MAPP, MARY
3360 S OSPREY AVENUE APT 102A

MAPP, MARY
5216 OCEAN BLVD.

SARASOTA, FL 34239 US SUITE B

SARASOTA, FL 34239 US

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: MARY MAPP 05/02/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ROSS, GALE F
 Name:
 ROSS, GALE F

 Address:
 3360 S. OSPREY 1018
 Address:
 3981 MACEACHEN BLVD.

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:
 SARASOTA, FL 34233

Title: DVP () Delete Title: () Change () Addition

 Name:
 HOBBS, HARTFORD PH.ED
 Name:

 Address:
 2220 STICKNEY PT. RD. #510
 Address:

 City-St-Zip:
 SARASOTA, FL 34239
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LITTLE JOHN, EDWARD DR
 Name:

 Address:
 8106 REGENTS CT
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

 $\begin{tabular}{lll} Title: & S & (\) Delete & Title: & S & (X) Change (\) Addition \\ \end{tabular}$

 Name:
 FITZGERALD, JANICE
 Name:
 FITZGERALD, JANICE

 Address:
 5229 CHASE OAKS DR
 Address:
 3009 ED REID ST.

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:
 CHARLOTTE, NC 28216

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: MARY MAPP ED 05/02/2006