

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002580

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** OPEN HOUSE OF ARTS CATALOG & EVENTS, INC.

**Current Principal Place of Business:**

8353 LAKE CROWELL CIR  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8353 LAKE CROWELL CIR  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAISMANN, ANA  
8353 LAKE CROWELL CIR  
ORLANDO, FL 32836 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: WAISSMANN, ANA  
Address: 8353 LAKE CROWELL CIR  
City-St-Zip: ORLANDO, FL 32836

Title: AD ( ) Delete  
Name: WAISSMANN, LUIZ  
Address: 8353 LAKE CROWELL CIR  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: MORA, ULYSSES  
Address: 4204 KILDARE AVE  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: VALENTIN, VANESSA  
Address: 573 CALIBRE CREST PKWY - 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ANA WAISSMANN

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date