

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002580

FILED
Feb 13, 2007
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 ()

FEI Number Not Applicable (X)

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:

WAISSMANN, ANA
8353 LAKE CROWELL CIR
ORLANDO, FL 32836 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: ANA WAISSMANN

02/13/2007

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

02/13/2007

Electronic Signature of Signing Officer or Director

Date