
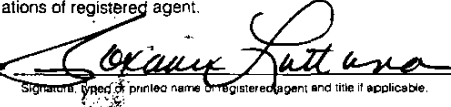
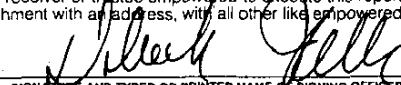


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90066 016 ****70.00

DOCUMENT # N05000010155 1. Entity Name EDISON CELEBRATION OF ART INC.					
Principal Place of Business 2249-2 CLIFFORD STREET FORT MYERS, FL 33901			Mailing Address 2249-2 CLIFFORD STREET FORT MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1153 SW 39 Terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CAPE CORAL FL 33914			
Zip	Country	Zip 33914	Country LEE	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, DEBORAH 2249-2 CLIFFORD STREET FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name ROXANN LUTANA Street Address (P.O. Box Number is Not Acceptable) 1153 SW 39 TERRACE City CAPE CORAL FL 33914		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3-14-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, DEBORAH <input type="checkbox"/> Delete 2249-2 CLIFFORD STREET FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete D'ALESSANDRO, PETE 2101 FIRST STREET % EDISON NATIONAL BANK FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete MARTIN, CONNIE 1542 PALOMA DR FORT MYERS, FL 33901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHELE PATRICK 13109 TALL PINE CIRCLE FORT MYERS FL 33907					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIE DINON 3111 SHELL MOUND BLVD FORT MYERS BEACH, FL 33931					
DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROXANN LUTANA 1153 SW 39 TERRACE CAPE CORAL FLORIDA 33914					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  3/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40037361



03142007 Chg-NP CR2E037 (12/06)