
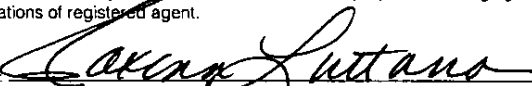
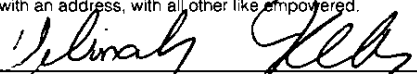


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000010155</b> 1. Entity Name <b>EDISON CELEBRATION OF ART INC.</b>						<b>FILED</b>  <b>07 JUN 25 PM 2:51</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2249-2 CLIFFORD STREET</b> <b>FORT MYERS, FL 33901</b>				Mailing Address <b>1153 SW 39TH TERR.</b> <b>CAPE CORAL, FL 33914</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>LUITANA, ROXANN</b> <b>1153 SW 39TH TERR.</b> <b>CAPE CORAL, FL 33914</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 1.2em;">300105414873</div> City <span style="float: right;">07/03/07--01057--001 FL #216125</span>			
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>6-18-07</b>  <small>DATE</small> </div> </div>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>PATRICK, MICHELE</b> <b>13109 TALL PINE CIR.</b> <b>FORT MYERS, FL 33907</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY</b> <b>ALISSA CONSTANT</b> <b>1426 ARTHUR AVE</b> <b>FORT MYERS FL 33901</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DINON, MARIE</b> <b>3111 SHELL MOUND BLVD.</b> <b>FORT MYERS BEACH, FL 33931</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>MARGARET KORDONOWY</b> <b>3621 HERITAGE LANE</b> <b>FORT MYERS FL 33908</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LUITANA, ROXANN</b> <b>1153 SW 39TH TERR.</b> <b>CAPE CORAL, FL 33914</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>IVETE CAMARANO</b> <b>2100 BARKLEY CIRCLE</b> <b>FORT MYERS FL 33907</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR</b> <b>MICHAEL DAMICO</b> <b>3334 CLEVELAND AVE</b> <b>FORT MYERS FLORIDA 33907</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>DEBORAH KELLY</b> <b>1852 MONTE VISTA</b> <b>FORT MYERS FLORIDA 33901</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 1.5em; font-family: cursive;">B 6/27/07</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
<b>SIGNATURE:</b>  <span style="float: right;"><b>6/18/07</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							