2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005997

Entity Name: PANAMA CITY ARTISTS, INC.

FILED Feb 24, 2009 Secretary of State

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

4800 N. LAKEWOOD DRIVE 153 PARK PLACE

PANAMA CITY, FL 32404 US PANAMA CITY BEACH, FL 32413 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 706

PANAMA CITY, FL 32402 US

FEI Number: 34-2059471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

VALLE, WILLIAM GRIFFIN, LEWIS
4800 N. LAKEWOOD DRIVE 153 PARK PLACE

PANAMA CITY, FL 32404 US PANAMA CITY BEACH, FL 32413 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: LEWIS GRIFFIN 02/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 VALLE, WILLIAM
 Name:
 PARKER, HEATHER

 Address:
 4800 N. LAKEWOOD DRIVE
 Address:
 510 E 5TH COURT

City-St-Zip: PANAMA CITY, FL 32404 US City-St-Zip: PANAMA CITY, FL 32404 US

Title: V () Delete Title: V (X) Change () Addition

Name: KEARNEY, BETTY Name: BONAVENTURA, JENNIFER
Address: 123 N. COVE TERRACE DRIVE Address: 1147 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: PANAMA CITY, FL 32401 US

Title: T () Delete Title: () Change () Addition

 Name:
 GRIFFIN, LEWIS
 Name:

 Address:
 4557 CEDAR STREET
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32404 US
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: VALLE, REBECCA Name: SALINE, KAREN
Address: 4800 N. LAKEWOOD DRIVE Address: 920 RAINELLI COURT
City-St-Zip: PANAMA CITY, FL 32404 US City-St-Zip: PANAMA CITY, FL 32404 US

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS GRIFFIN T 02/24/2009