2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# N06000008012

Entity Name: FINE ARTS OF THE SUNCOAST, INC.

Current Principal Place of Business:

10333 MICANOPY STREET
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

10333 MICANOPY STREET
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 20-5276630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARRON, PAMELA M
10333 MICANOPY STREET
NEW PORT RICHEY, FL 34655 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: DC ( ) Delete
Name: WALKER, JANINE DR.
Address: 8431 CORPORATE WAY
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DC ( ) Delete
Name: MARRON, PAMELA
Address: 10333 MICANOPY STREET
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DT ( ) Delete
Name: GOLUB, MARJORIE M
Address: 7605 MOKENA COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DS ( ) Delete
Name: BRACCIALE, STEFANIE M
Address: 3306 COCONUT GROVE RD
City-St-Zip: LAND O'LAKES, FL 34639

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 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: MARJORIE M. GOLUB DT 01/20/2008

Electronic Signature of Signing Officer or Director — Date