2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004641

Entity Name: FLORIDA WEST ARTS, INC.

FILED Apr 17, 2008 Secretary of State

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

10009 VILLAGIO GARDENS LANE

UNIT 205

ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

10009 VILLAGIO GARDENS LANE UNIT 205

ESTERO, FL 33928

FEI Number: 26-0146541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DISTASIO, PATRICK J 10009 VILLAGIO GARDENS LANE # 205 ESTERO, FL 33928 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: DISTASIO, PATRICK J Name: DISTASIO, PATRICK J Address: 10009 VILLAGIO GARDENS LANE UNIT 205 Address: 10009 VILLAGIO GARDENS LANE #205

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

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

 Name:
 MORSE, SANDY
 Name:
 MATHIAS, ALYCE

 Address:
 20966 COUNTY BARN DR
 Address:
 270 MADISON DRIVE

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:
 NAPLES, FL 34110

Title: SD () Delete Title: () Change () Addition

 Name:
 NELSON, HUGÜETTE
 Name:

 Address:
 5084 NAPOLI DR
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 DISTASIO, LISA M
 Name:
 WILLIS, ROBERT

 Address:
 1362 COTTONWOOD CIR
 Address:
 330 TUDOR DRIVE #203

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 CAPE CORAL, FL 33904

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: PATRICK J. DISTASIO PRES 04/17/2008