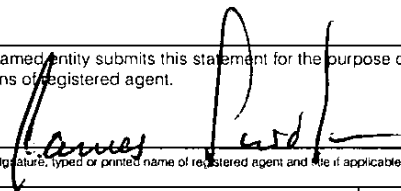


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N18020 1. Entity Name THE ARMORY ART CENTER, INC.						FILED 07 MAY 10 PM 12:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1700 PARKER AVENUE WEST PALM BEACH, FL 33401				Mailing Address 1700 PARKER AVENUE WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04132007 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
4. FEI Number 59-2808612				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SWOPE, JAMES 314 FLAMINGO DRIVE WEST PALM BEACH, FL 33401				Name SWOPE, JAMES Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code			
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  (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMBRECHT, NANCY 143 ROTUNDA DR JUPITER, FL 33477 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ☒ Change ☐ Addition 200103132272 05/24/07--01013--002 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTUCCI, KENNETH 3322 CASSEEKEY ISLAND RD JUPITER, FL 33479 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☒ Addition KOONS, JEFF 301 N. OLIVE AVE. 4TH FLOOR WEST PALM BEACH, FL 33401		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SILPE, LINDA 940 S OCEAN BLVD MANALAPAN, FL 33462 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALTHOLZ, HERB 11974 S EDGEWATER DR PALM BEACH GARDENS, FL 33410 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☐ Change ☐ Addition WECHSLER, ROBERT 3450 S. OCEAN BLVD. APT. 717 PALM BEACH, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FALK, ANNIE 600 TARPON WAY PALM BEACH, FL 33480 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWOPE, JAMES 314 FLAMINGO DRIVE WEST PALM BEACH, FL 33401 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date 4/18/2007 Daytime Phone # 561-822-1776							