

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29384

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** HANDICAPPED ARTIST PAINTING PRODUCTIONS & YOU INC.

**Current Principal Place of Business:**

ST MARTINS IN FIELDS  
140 SE 28TH AVE  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

6520 SW 7TH ST.  
MARGATE, FL 33068 US

**Current Mailing Address:**

6520 SW 7TH ST  
MARGATE, FL 33068 US

**New Mailing Address:**

FEI Number: 65-0084898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MCQUADE, JOHN C  
6520 SW 7TH STREET  
MARGATE, FL 33068 US

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

MC QUAIDE, JOHN C  
6520 SW 7TH STREET  
MARGATE, FL 33068 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: JOHN C. MC QUAIDE

01/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCQUAIDE, ERIC PRE/DIR  
Address: 10244 NW 50TH ST  
City-St-Zip: SUNRISE, FL 33068 FL

Title: DIR ( ) Delete  
Name: ARCHER, QUEENIE DIR  
Address: 10244 NW 50TH ST  
City-St-Zip: SUNRISE, FL 33068 US

Title: TD ( ) Delete  
Name: MCQUAIDE, JOHN C TRE/DIR  
Address: 10244 NW 50TH ST  
City-St-Zip: SUNRISE, FL 333068 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MC QUAIDE, ERIC PRE/DIR  
Address: 6520 SW 7TH ST  
City-St-Zip: MARGATE, FL 33068 FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MC QUAIDE, JOHN C TRE/DIR  
Address: 6520 SW 7TH ST  
City-St-Zip: MARGATE, FL 333068 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC MC QUAIDE

PRES

01/24/2006

Electronic Signature of Signing Officer or Director

Date