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SIGNATURE:

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N35161** 01-25-2006 90025 044 ****61.25 ARTIST'S GUILD OF ANNA MARIA ISLAND, INC. Principal Place of Business Mailing Address 5414 MARINA DR 5414 MARINA DR HOLMES BCH, FL 34217 HOLMES BCH, FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 65-0206090 City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, BEN A Street Address (P.O. Box Number is Not Acceptable) 3909 E BAY DR CHILSON **STE 110** HOLMES BEACH, FL 34217 City Zip Code 34216 AUCHA MARIA 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 LESUE CASH TREASURER Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. . OFFICERS AND DIRECTORS 11. Defete TITLE TITLE SEE ATTACHED Change POTTER, PEGGY NAME NAME スケア STREET ADDRESS 521 75TH STREET STREET ADDRESS HOLMES BEÄCH, FL 34217 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition COOPER, BEN A NAME NAME 3909 E BAY DR STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLMES BEACH, FL 34217 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition CLARK, JACQUELINE NAME NAME 102 14TH ST E. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-7IP Delete MLE TITLE ☐ Change ☐ Addition OWENS, LORETTA NAME 206 73RD ST #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF HOLMES BEACH, FL 34217 CITY-ST-ZIP TITLE DS ☐ Detete TITLE ☐ Addition ☐ Change MELCZAREK, JEAN NAME NAME 5508 1ST AVE. DR. NW STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-71P ☐ Delete TIFLE Change ■ Addition O'DAY, SHIRLEY NAME NAME 217 CHILSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANNA MARIA, FL 34216 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Jan 25, 2006 8:00 am