2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N40628

Entity Name: PAINT YOUR HEART OUT LAKELAND, INC.

Current Principal Place of Business:

P.O. BOX 1712
LAKELAND, FL 33802

New Principal Place of Business:

145 E. EDGEWOOD DR.
LAKELAND, FL 33803

Current Mailing Address:

P.O. BOX 1712
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3034500 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, ALEXANDER M
701 JEFFERSON AVE
LAKELAND, FL 33811 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:	PD	( ) Delete
Name:	BRUCE, ALEXANDER M	
Address:	701 JEFFERSON AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	TD	( ) Delete
Name:	SUTTON, BERNICE	
Address:	1501 GRASSLANDS BLVD., #22	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	HEISLER, BERNIE	
Address:	P.O. BOX 611	
City-St-Zip:	LAKELAND, FL 33802	
Title:	D	( ) Delete
Name:	BRUCE, ALEXANDER M	
Address:	111 LAKE HOLLINGSWORTH DR	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	SPIVEY, TIM	
Address:	730 E MAIN ST	
City-St-Zip:	LAKELAND, FL 33801	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SMITH, PATRICK	
Address:	1434 THOMASVILLE CIRCLE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	D	(X) Change ( ) Addition
Name:	SAULSBURY, REBECCA	
Address:	3520 CLEVELAND HEIGHTS #208	
City-St-Zip:	LAKELAND, FL 33803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: ALEXANDER M. BRUCE PD 03/28/2007

Electronic Signature of Signing Officer or Director — Date