

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46237**

1. Entity Name  
**MINIATURE ARTISTS OF AMERICA, INC.**



Principal Place of Business  
**1595 N. PEACEFUL LANE  
CLEARWATER, FL 34616**

Mailing Address  
**1595 N. PEACEFUL LANE  
CLEARWATER, FL 33756 US**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3098958</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PETRYSZAK, KAY  
1595 N. PEACEFUL LANE  
CLEARWATER, FL 34616**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000501200  
04/25/06-80052-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PETRYSZAK, KAY
STREET ADDRESS	1595 N. PEACEFUL LANE
CITY- ST- ZIP	CLEARWATER, FL

TITLE	D
NAME	PALMER, SUSAN
STREET ADDRESS	50 COE RD. #233
CITY- ST- ZIP	BELLEAIR, FL 33756

TITLE	D
NAME	LAIRD-LAGASSEE, JANET
STREET ADDRESS	43 ELM WOOD RD
CITY- ST- ZIP	AUBURN, ME 042106509

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Kay Petryszak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 1, 2006* **727-584-3883**  
Date Daytime Phone #