


**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

40031482

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|--|--|---|--|--|--|
| <b>DOCUMENT # N46237</b>   |  |    |  | <b>Secretary of State</b><br>03-08-2007 90004 026 ***61.25   |  |
| 1. Entity Name<br><b>MINIATURE ARTISTS OF AMERICA, INC.</b>  |  | Principal Place of Business<br>1595 N. PEACEFUL LANE<br>CLEARWATER, FL 34616  |  | Mailing Address<br>1595 N. PEACEFUL LANE<br>CLEARWATER, FL 33756 US  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  | 40031482   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  | 02252007 Chg-NP CR2E037 (12/06)  |  |
| City & State   |  | City & State  |  | 4. FEI Number<br>59-3098958  |  |
| Zip 33756  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>PETRYSZAK, KAY<br>1595 N. PEACEFUL LANE<br>CLEARWATER, FL 34616   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code 33756 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |  | \$5.00 May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |  |
| TITLE D<br>NAME PETRYSZAK, KAY<br>STREET ADDRESS 1595 N. PEACEFUL LANE<br>CITY-ST-ZIP CLEARWATER, FL <input type="checkbox"/> Delete   |  | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP 33756 |  |  |  |
| TITLE D<br>NAME PALMER, SUSAN<br>STREET ADDRESS 50 COE RD. #233<br>CITY-ST-ZIP BELLEAIR, FL 33756 <input type="checkbox"/> Delete  |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |  |  |  |
| TITLE D<br>NAME LAIRD-LAGASSEE, JANET<br>STREET ADDRESS 43 ELM WOOD RD<br>CITY-ST-ZIP AUBURN, ME 042106509 <input type="checkbox"/> Delete   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |  |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |  |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |  |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |  |  |  |
| 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, President 3-5-07 7.27-584.3883<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |  |  |