


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N47995**

1. Entity Name  
**THE PATRONS OF THE ARTS IN THE VATICAN MUSEUMS, INC.**



Principal Place of Business 324 ROYAL PALM WAY - SUITE 300 PALM BCH, FL 33480 US	Mailing Address 324 ROYAL PALM WAY - SUITE 300 PALM BCH, FL 33480 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0327240	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**

VIATOR, MARY M  
 324 ROYAL PALM WAY - SUITE 300  
 PALM BCH, FL 33480

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

U00000510910  
 02/02/07-80040-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, BRIAN 217 VIA TORTUGA PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROGAN, JOHN J 1128 DEVONSHIRE WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VIATOR, MARY M 324 ROYAL PALM WAY PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUSSO, LUCY 175 SUNSET AVENUE PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCNAMARA, ANGIE 127 KINGS ROAD PALM BEACH, FL
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:** Mary M Viator 1/26/07 (561) 655-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary M Viator