


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N95000002415
 1. Entity Name
 PROFESSIONAL ASSOCIATION OF VISUAL ARTISTS, INC.



Principal Place of Business
 1802 HARVARD AVENUE
 DUNEDIN, FL 34698

Mailing Address
 PO BOX 2665
 DUNEDIN, FL 34697



01242007 No Chg-NP CR2E037: (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3317045

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, JOHN G
 595 MAIN STREET
 DUNEDIN, FL 34698

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHATZ, STEPHEN
STREET ADDRESS	6028 ELMHURST DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	SCOTT, BILL
STREET ADDRESS	11865 34TH STREET N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	T
NAME	ROLLINS-GEHRING, SUSAN
STREET ADDRESS	217 ABERDEEN ST.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	RENC, BILL
STREET ADDRESS	135 JOYCE STREET
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	T
NAME	PARKINSON, CONNIE S
STREET ADDRESS	639 MICHIGAN BLVD. APT. 200
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000610020
 02/02/07-80004-014-61.25

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 life empowered.

SIGNATURE: *Susan R. Gehring* Date: 1-26-07 727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 736-2466
 Daytime Phone #