2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N99000003814 Entity Name 02-15-2006 90036 007 ****61.25 STREET PAINTING FESTIVAL, INC. Principal Place of Business Mailing Address 709 LUCERNE AVE LAKE WORTH FL 33460 709 LUCERNE AVE LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 65-0930848 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBBER, MARYANN Street Address (P.O. Box Number is Not Acceptable) 709 LUCERNE AVE LAKE WORTH FL 33460 Zip Code 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Due By May 1, 2006 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE Delete THTLE ___Addition MARYANNE WEBBER MESA, MANUEL NAME 327 N. LAKESIDE DRIVE 416NO PALMWAY STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 LAKE WORTH FL 33460 CITY+ST-ZIP CITY-ST-7IP VD Change Addition . TITLE TITLE Delete Thomas Ramiccio 1717 HOL Street WEBBER, MARYANNE NAME NAME 327 N LAKESIDE DR STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP Lake Worth FL 33460 TITLE TITLE BRULE R. WEBBER SEIDEN, LOUISE NAME NAME 327 H. LAKESINE DRIVE STREET ADDRESS 308 S PALMWAY STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP City-St-ZiP LAKEWONTH FL 33460 TITLE Delete TITLE ☐ Change N-Addition ERIH EHMAN ALLEH NAME NAME ERIN EHMAN HOLEM 208 So. Lakeside Drive #513 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cakeworth FL 33460 TITLE ☐ Change Addition | TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Feb 15, 2006 8:00 am

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