
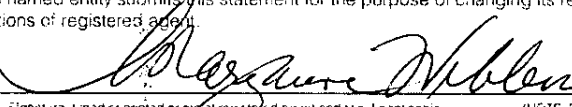


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90016 040 \*\*\*\*61.25

<b>DOCUMENT # N99000003814</b>			
1. Entity Name <b>STREET PAINTING FESTIVAL, INC.</b>			
Principal Place of Business <b>709 LUCERNE AVE LAKE WORTH FL 33460</b>		Mailing Address <b>709 LUCERNE AVE LAKE WORTH FL 33460</b>	
2. Principal Place of Business - No P.O. Box # <b>501 Lake Ave</b>		3. Mailing Address <b>P.O. Box 1393</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth FL</b>	
Zip <b>33460</b>	Country <b>USA</b>	Zip <b>33460</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>WEBBER, MARYANNE 709 LUCERNE AVE LAKE WORTH FL 33460</b>		7. Name and Address of New Registered Agent Name <b>Maryanne Webber</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 Lucerne Avenue</b> City <b>Lake Worth</b> FL Zip Code <b>33460</b>	
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 <b>3/28/08</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature is required when reappointing)</small>			



1st MOORE CR2E037 (10/07)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER, MARYANNE 327 N LAKESIDE DR LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMICCIO, THOMAS 1717 N L ST LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBBER, BRUCE R 327 N LAKESIDE DR LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, ERIN E 208 S LAKESIDE DR # 513 LAKE WORTH FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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:**  **Maryanne Webber** 3/28/08 561 585 000 3  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date