2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P00000103626** 04-17-2006 90385 039 ***150.00 1. Entity Name LLOYD VISUAL ARTS, INC. 4 U U ~ -Principal Place of Business Mailing Address 888 S ANDREWS AVE STE 201 B 888 S ANDREWS AVE STE 201 B FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business 2801 SW 3 Mailing Address 801 SW 801 SW 04042006 Cha-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State FT. LAUDERDAL FT. LAUDERDALE 65-1053231 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33315-310 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FURY, LLOYD I ddress (P.O. Box Number is Not Acceptable) 888 S ANDREWS AVE STE 201 B FT LAUDERDALE, FL 33316 Zip Code 33315 AUDERDALE 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Apent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SAME) TITLE ☐ Delete TITLE Addition NAME FURY, LLOYD I NAME 2801 SW 3RD AVE, *F-8 888 S ANDREWS AVE STE 201 B STREET ADDRESS STREET ADORESS FT. LAUDERDALE, FL 33315-3101 FT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP VP TITLE Delete TITLE NAME ZDROBA, MARITA HELMA NAME 2801 SW 3RDAVE, * F-8 STREET ADDRESS 888 S ANDREWS AVE STE 201 B STREET ADDRESS FT. LAUDERDALE, FL 33315-3101 CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY S1-ZIP CITY-ST-ZIP THEF Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 607, 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.

FILED

Daytime Phone #