

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 01, 2008 8:00 am
Secretary of State

03-17-2008 90015 004 ***158.75

66005560



1st MOORE CR2E034 (10/07)

DOCUMENT # P01000004336																																																					
1. Entity Name THE ART OF SPIRITUAL AWAKENING, INC.																																																					
Principal Place of Business 1602 AUTUMN ROAD SPRING HILL FL 34608			Mailing Address 1602 AUTUMN ROAD SPRING HILL FL 34608																																																		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address:																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																		
City & State			City & State																																																		
Zip	Country	Zip	Country	4. FEI Number 04-3615991																																																	
				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																		
WINCHEK, ANDREW D 1602 AUTUMN ROAD SPRING HILL FL 34608			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.																																																					
SIGNATURE <u><i>Andrew D. Winchek</i></u> President 3-8-08 <small>Signature, typed or printed name of registered agent, and date of signature. (NOTE: Registered Agent signature required when registering.)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>D WINCHEK, ANDREW D 1602 AUTUMN ROAD SPRING HILL FL 34608</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHEK, ANDREW D 1602 AUTUMN ROAD SPRING HILL FL 34608	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHEK, ANDREW D 1602 AUTUMN ROAD SPRING HILL FL 34608	<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 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.																																																					
SIGNATURE: <u><i>Andrew D. Winchek</i></u> Andrew D. Winchek 3-28-08 352-999-7755 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DIRECTOR																																																					