## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000023415

City-St-Zip:

Entity Name: TERRY MADDEN'S WATERCOLOR WORKSHOP, INC.

FILED Jun 27, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
370 W. CAMINO GARDENS BLVD., #208 BOCA RATON, FL 33432					370 W. CAMINO GARDENS BLVD. SUITE 208 BOCA RATON, FL 33432				
Current Mailing Address:					New Mailing Address:				
370 W. CAMINO GARDENS BLVD., #208 BOCA RATON, FL 33432					370 W. CAMINO GARDENS BLVD. SUITE 208 BOCA RATON, FL 33432				
FEI Number:	: 65-1081409	FEI Number	Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certific	ate of Status	Desired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
ESCALANTE, LOUIS 370 W. CAMINO GARDENS BLVD., #208 BOCA RATON, FL 33432 US					ESCALANTE, LOUIS J PRESIDE 370 W. CAMINO GARDENS BLVD. SUITE 208 BOCA RATON, FL 33432 US				
	named entity e of Florida.	submits this s	statement for the pu	irpose of	f changing i	ts register	ed office or	registered a	gent, or both,
SIGNATURE: LOUIS J. ESCALANTE					06/27/2008				
	Electro	nic Signature	of Registered Ager	nt				Date	
	ce with s. 607.19 npaign Financin		e corporation did not ontribution ( ).	receive tl	he prior notic	e.			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ESCALANTE, I	O GARDENS BL	.VD. STE 208		Title: Name: Address: City-St-Zip:		()Change	( ) Addition	
Title: Name: Address:	(	) Delete			Title: Name: Address:	MR. MADDEN, 872 COLO	. ,	(X) Addition	

City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS J. ESCALANTE PRES 06/27/2008