

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029839

**FILED
Jan 10, 2004
Secretary of State**

Entity Name: EVERAFTER ARTS, INC.

Current Principal Place of Business:

9775 S MARYLAND PKWY
F 165
LAS VEGAS, NV 89123

New Principal Place of Business:

Current Mailing Address:

9775 S MARYLAND PKWY
F 165
LAS VEGAS, NV 89123

New Mailing Address:

FEI Number: 65-1083060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NUSBAUM, CARLA
1471 GRACE AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CORRADINO, PATRICIA L
Address: 3569 SAINT NAZAIRE AVENUE
City-St-Zip: LAS VEGAS, NV 89141

Title: VTD () Delete
Name: CORRADINO, MICHAEL W
Address: 3569 SAINT NAZAIRE AVENUE
City-St-Zip: LAS VEGAS, NV 89141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL W. CORRADINO

VTD

01/10/2004

Electronic Signature of Signing Officer or Director

_____ Date