

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043681

FILED
Feb 07, 2009
Secretary of State

Entity Name: DESIGN ARTS SEMINARS, INC.

Current Principal Place of Business:

423 EAST VIRGINIA SRTEET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10621
TALLAHASSEE, FL 323022621

New Mailing Address:

FEI Number: 59-3715586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNARD, LEWIS M
423 E VIRGINIA STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

FONTAINE, MICENE R
423 E VIRGINIA STREET
TALLAHASSEE, FL 32301 US

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: MICENE R FONTAINE

02/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DENNARD, LEWIS M
Address: 2105 LEE AVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: PONCE, ANOLAN
Address: 188 ISLA DORADA BLVD
City-St-Zip: CORAL GABLES, FL 33143

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 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: MICENE R FONTAINE

MR.

02/07/2009

Electronic Signature of Signing Officer or Director

Date