

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000043681

**Entity Name:** DESIGN ARTS SEMINARS, INC.

**FILED**  
**Jun 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2035 EAST PAUL DIRAC DRIVE  
SLIGER BUILDING 100C  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10621  
TALLAHASSEE, FL 323022621

**New Mailing Address:**

PO BOX 20369  
TALLAHASSEE, FL 323160369 US

**FEI Number:** 59-3715586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FONTAINE, MICENE R  
2035 EAST PAUL DIRAC DRIVE  
SLIGER BUILDING 100C  
TALLAHASSEE, FL 32310 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICENE R FONTAINE, DIRECTOR EDU. PROGRAMS

DIR.

06/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date