## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2007 8:00 am Secretary of State

ANNOAL REPORT						Secretary or State				
DOCUMENT # P02000026102  1. Entity Name FERGUSON ARTS, INC.					03-27-2007 90011 032 ***150.00					
Principal Place of Business Malling Address					<b>─</b>   40044	300				
401 MICHLETON LOOP 401 MICHLETO OCOEE, FL 34761 OCOEE, FL 34					•					
			•	•						
Principal Place of Business - No P.O. Box #     3. Mailing Address				1						
	lickleton LOOP		401 MICKLETON LOOP							
Suite, Apt	···	Suite, Apt. #, etc.			03162007	Chg-P	CR2E0:	34 (12/06)	aliad Far	
City & Star		City & State OCOEE, FL			4. FEI Numbe			<u> </u>	oplied For of Applicable	
Zip Country		Zip Coun			01-0621586			\$9.75 Addison-1		
3476		34761	,	'	5. Certificate	of Status Desired		Fee Require		
	6. Name and Address of Current F			7. Name and	Address of New R	tegistered A	gent			
				Name						
FERGUSON, GLENN A 401 MICKLETON LOOP				Street Address (P.O. Box Number is Not Acceptable)						
OCOEE, FL 34761				Circle Floor Cost (1.0. 20x Floor Flor Fl						
			ſ							
i			<b> </b>	City			FL	Zip Cod	e	
9 The share		4		-66		in the Orange of Fil				
	<ul> <li>named entity submits this statement for tions of registered agent.</li> </ul>	the purpose of changing its re	egistered	onice or regis	stered agent, or bott	n, in the State of Fit	onca, ram s	arriisar With,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if apolicable. (NOTE: F	Registered A	gent signature requ	ired when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 aỳ 1, 2007 Fee will be \$550.0	9. Election Campaign	n Financi	ng _ \$	5.00 May Be added to Fees				-	
10. OFFICERS AND DIRECTORS 11				<del> </del>	ADDITIONS	CHANGES TO OFF	IOCOC AND	DIDECTOR	0 101 44	
TITLE			11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND	☐ Change	Addition	
NAME	FERGUSON, GLENN A	NAM						Change	Accision	
STREET ADDRESS	401 MICKLETON LOOP	The state of the s		ADDRESS						
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST	- ZIP						
TITLE	☐ Delete TITL		TITLE		,			☐ Change	Addition	
NAME	<b>_</b>		NAME							
STREET ADDRESS CITY-ST-ZIP				ADDRESS						
			CITY-ST	-ZIP		·- <u>-</u>				
TITLE NAME			TITLE					Change	Addition	
STREET ADDRESS			STREET ADDRESS							
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FITLE	☐ Delete TiT		TITLE					☐ Change	Addition	
NAME			NAME	,				_ ,	_	
STREET ADDRESS			STREET A	ADDRESS						
CITY-ST-ZIP	СПҮ		CITY-ST	- ZJP						
TITLE		☐ Delete TITU		1				Change	Addition	
NAME STOCET ADODECO			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET A							
<del></del>						<del></del>			T tand	
TITLE Name	☐ Delete TITLE		NAME	}				☐ Change	Addition	
STREET ADDRESS			STREET A	ODRESS						
·		CITY-ST	· I							
	pertify that the information supplied with t									

12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07 Date 407 905 9118

Daytime Phone #