2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038851

Entity Name: ARTPRINTS.COM,INC.

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

224 S MISSOURI AVE 422 S FLORIDA AVE

2 SUITE D LAKELAND, FL 33815 LAKELAND, FL 33811

Current Mailing Address: New Mailing Address:

224 S MISSOURI AVE 422 S FLORIDA AVE SUITE D

LAKELAND, FL 33815 LAKELAND, FL 33811

FEI Number: 02-0592177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STRICKLER, PETER STRICKLER, PETER 224 S MISSOURI AVE 422 S FLORIDA AVE

2 SUITE D LAKELAND, FL 33815 US LAKELAND, FL 33811 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.

Title:

SIGNATURE: ALAN STRICKLER 02/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VD () Delete Title: VD (X) Change () Addition

 Name:
 STRICKLER, ALAN
 Name:
 STRICKLER, ALAN

 Address:
 224 S MISSOURI AVE
 Address:
 422 S FLORIDA AVE SUITE D

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33811

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HANNAH, EDWARD
 Name:
 HANNAH, EDWARD

 Address:
 6373 OAKPOINT DR
 Address:
 5225 RIVERLAKE DR.

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:
 BARTOW, FL 33830

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 STRICKLER, PETER
 Name:
 STRICKLER, PETER

 Address:
 224 S MISSOURI AVE
 Address:
 422 S FLORIDA AVE SUITE D

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:
 LAKELAND, FL 33811

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN STRICKLER VD 02/05/2007