2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087236

Name:

Address:

City-St-Zip:

FILED Mar 11, 2008 Secretary of State

Entity Na	me: ARTISTIC	DESIGNS OF THE KEYS, IN	1 C.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
	ERSEAS HIGH ADA, FL 33036						
Current Mailing Address:			New Mailing Address:				
	ERSEAS HIGH ADA, FL 33036						
FEI Number	: 14-1844942	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desi	ired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	DAROLD ERSEAS HIGH ADA, FL 33036						
	named entity se of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agen	t, or both,	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Ag	ent		Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () DAROLD, LERO 82661 OVERSE ISLAMORADA,	AS HIGHWAY	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	V () SCATURRO, W 771 OCEAN DR KEY LARGO, F		Title: Name: Address: City-St-Zip:	VP (X SCATURRO, N 161 B CASA (TAVERNIER, F	COURT		
Title: Name: Address: City-St-Zip:	S () STEPHENS, SU 360 MAHOGAN KEY LARGO, F	Y DR	Title: Name: Address: City-St-Zip:	S (X LAPOINT, MAI 123 PALERMO ISLAMORADA	0		
Title:		Delete	Title:	т () Change (X) Addition		

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.

Name:

Address:

City-St-Zip:

LERCH, STEFANIE A

82661 OVERSEAS HWY

ISLAMORADA, FL 33036

SIGNATURE: DAROLD LERCH **PRES** 03/11/2008