

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068986

FILED
Apr 10, 2007
Secretary of State

Entity Name: KIMIAN'S ART II, INC.

Current Principal Place of Business:

22746 PRIVATEER DRIVE
CUDJOE KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

PO BOX 420022
SUMMERLAND KEY, FL 33042

New Mailing Address:

FEI Number: 32-0080363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORKMAN, KIM
22746 PRIVATEER DRIVE
CUDJOE KEY, FL 33042 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WORKMAN, KIM A
Address: PO BOX 420022
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: WORKMAN, IAN K
Address: PO BOX 420022
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D () Delete
Name: LA FORCE, REGINA K
Address: 12275 JACKSON LANE
City-St-Zip: GRAND BAY, AL 36541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEITZEL, CHARLES
Address: 150 SEA LANE
City-St-Zip: KEY WEST, FL 33040

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: KIM WORKMAN

D

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date