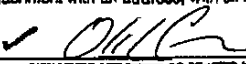


FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90042 030 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000088077			
1. Entity Name OBED GOMEZ ARTS, INC			
Principal Place of Business 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824		Mailing Address 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824	
2. Principal Place of Business 14339 BABYLONE WAY Suite, Apt. #, etc.		3. Mailing Address 14339 BABYLONE WAY Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32824		Zip 32824	
Country Orange		Country Orange	
4. FEI Number 35-2212613		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD GOMEZ, SARAH 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when collecting) DATE			
FILE NOW!!! FEE IS \$160.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, OBED 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14339 BABYLONE WAY Orlando, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LLOYD GOMEZ, SARAH 13113 SAN ANTONIO WOODS LN ORLANDO, FL 32824 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14339 BABYLONE WAY Orlando, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I 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: 		8-3-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	