## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # P03000130919 1. Entity Name FUNCTIONAL ART, INC. Principal Place of Business Malling Address 1709 OXALIS AVE 1709 OXALIS AVE ORLANDO, FL 32807 ORLANDO, FL ,32807 CR2E034 (11/05) 03102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0851689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KERR, GREGORY 1709 OXALIS AVE ORLANDO, FL 32807 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 <del>880000/5043</del>01 Trust Fund Contribution. Added to Fees /26/06-80067-007 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME KERR, GREGORY STREET ACCRESS 1709 OXALIS AVE ORLANDO, FL 32807 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS supplief with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and 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 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 an address, with all other like empowered. I hereby certify that the information indicated on this report or supplier of the corporation or the receiver of

**FILED**