



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90194 038 \*\*\*150.00

<b>DOCUMENT # P04000070117</b> 1. Entity Name <b>ONE MIND ART, INC.</b>					
Principal Place of Business <b>1504 MINNESOTA ST</b> <b>ORLANDO, FL 32803</b>			Mailing Address <b>P.O. BOX 533114</b> <b>ORLANDO, FL 32853</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  01102007    Chg-P    CR2E034 (12/06)	
City & State		City & State			
Zip      Country		Zip      Country			
4. FEI Number <b>20-1078794</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>RICHARDSON, KERI L</b> <b>1225 PARK LAKE ST</b> <b>APT. #1</b> <b>ORLANDO, FL 32803</b>	
7. Name and Address of New Registered Agent Name <b>Richardson, Keri L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1504 Minnesota St</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32803</b>					
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 <i>Keri L Richardson</i> TRES    1/10/07 <small>(Signature, typed or printed name of registered agent and title if applicable)      (Typed registered agent signature required when reinstating)      DATE</small>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P,VP NAME RICHARDSON, CHARLES L JR STREET ADDRESS 1225 PARK LAKE ST, APT #1 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE > same NAME 1504 Minnesota St STREET ADDRESS Orlando, FL 32803 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S,D NAME RICHARDSON, CHARLES L JR STREET ADDRESS 1225 PARK LAKE ST, APT #1 CITY-ST-ZIP ORLANDO, FL 32803	<input type="checkbox"/> Delete		TITLE > same NAME 1504 Minnesota St STREET ADDRESS Orlando, FL 32803 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Keri L Richardson</i> TRES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/10/07</b> Daytime Phone # <b>407-761-1898</b>		