

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

01-24-2005 90027 015 ***150.00

DOCUMENT # P04000081626 1. Entity Name EARTH ART BY DESIGN, INC.																																																																																						
Principal Place of Business 1688 A ROAD LOXAHATCHEE, FL 33470			Mailing Address 1688 A ROAD LOXAHATCHEE, FL 33470																																																																																			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																				
City & State Zip		City & State Zip		Country																																																																																		
4. FEI Number 36-4555635																																																																																						
5. Certificate of Status Desired ☐ \$8.75 Addtional Fee Required																																																																																						
6. Name and Address of Current Registered Agent BAYS, KEMBRA 14859 COLLECTINGCANAL ROAD LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																			
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 certifying)																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CHAPMAN, SCOTT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1688 A ROAD LOXAHATCHEE, FL 33470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SMITH, COREY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>15870 41ST LANE LOXAHATCHEE, FL 33470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS	CHAPMAN, SCOTT		CITY-ST-ZIP	1688 A ROAD LOXAHATCHEE, FL 33470		TITLE	NAME	☐ Delete	STREET ADDRESS	SMITH, COREY		CITY-ST-ZIP	15870 41ST LANE LOXAHATCHEE, FL 33470		TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Scott Chapman</u> <u>Scott Chapman, Am 1/5/05</u> <u>561-793-6150</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																						