

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 002 ***150.00

DOCUMENT # P04000115900 1. Entity Name CAYMAN ARTS, INC.					
Principal Place of Business 2240 WOOLBRIGHT ROAD SUITE 300 BOYNTON BEACH, FL 33426			Mailing Address 2240 WOOLBRIGHT ROAD SUITE 300 BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box # 155 E. Blue Heron Dr. Suite, Apt. #, etc.		3. Mailing Address 5700 Executive Dr. Suite, Apt. #, etc.			
City & State Riviera Beach, FL Zip 33404		City & State Catonsville, MD Zip 21228		4. FEI Number 20-1486512 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEN, CAREY 2240 WOOLBRIGHT ROAD SUITE 300 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 155 E. Blue Heron Dr. City Riviera Beach FL Zip Code 33404		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEELE, SCOTT 5700 EXECUTIVE DRIVE BALTIMORE, MD 21228 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Scott Steele</u> 4/22/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					