2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 08:00 AN Secretary of State

DOCUMENT # P0500009492 1. Entity Name ARTIST FRAMING GALLERY INC.						secreta	ry of Sta
		Mailing Address]			
793 NE DIXIE HWY Jensen Beach, FL 34957		793 NE DIXIE HWY Jensen Beach, Fl. 34957					
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D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 37-1502			Applied For Not Applicable
		The state of the s			of Status Desired		5 Additional
建建工程 等持个 特	6. Name and Address of Current Re	<u> பட்டபுக்கிறா நிறிக்கின்</u> gistered Agent	######################################		racingles constraints	Fee N	lequired
LEE, MARILEE				no.	NOT W	DITE	
417 NE ALICE ST JENSEN BEACH, FL 34957			State March		(738)	التاليون وكالأراث المراور	
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			The same of the state	A Company		The State of	
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 bitle if applicable (NOTE Registered Agent signature required when reinstating)							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			so Agent signatura requira	C W(IBH TEHSLES Q)		18-80050-0	908 150.00
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib				.00 May Be ded to Fees			
10.	OFFICERS AND D	IRECTORS		1 1 1 1 1 1 1 1	A STATE		Jan Carlon
TITLE NAME	P LEE, MARILEE		A second				
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NAME STREET ADDRESS	WHITNEY, ALLISON 220 SW LUCERO DR						
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2. I hereby certify that the information supplied with this filting 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 gither like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/08

712 - 225 - 2500

Date

Daytime Phone ≢