

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90357 041 ***150.00

DOCUMENT # P05000038758		
1. Entity Name MCLEAN ARTISTIC DESIGNS INC.		

Principal Place of Business 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931	Mailing Address 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931
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40085103



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CHASE, CHRIS 8336 LAGOON ROAD FT. MYERS BEACH, FL 33931	
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7. Name and Address of New Registered Agent	
Name	Kathy Baldwin
Street Address (P.O. Box Number is Not Acceptable)	8336 Lagoon Rd
City	FT Myers Beach FL
Zip Code	33931

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 Kathy Baldwin	DATE 4-21-08

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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	CHASE, CHRIS
STREET ADDRESS	8336 LAGOON ROAD
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	MATEO, DIEGO
STREET ADDRESS	16005 HARBORVILLE ST APT 431
CITY-ST-ZIP	NAPLES, FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	FABRICIO, CANTE
STREET ADDRESS	5543 LAUREL RIDGE LN APT 104
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy Baldwin
STREET ADDRESS	8336 Lagoon Rd
CITY-ST-ZIP	FT Myers Beach, FL 33931
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben Betancur
STREET ADDRESS	106 Avenue North 619
CITY-ST-ZIP	Naples, FL 34108
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: Kathy Baldwin	DATE: 4-21-08	DAYTIME PHONE #: 239-249-1757
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