

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000057142

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** THE FLAX ART SUPPLY CORPORATION

**Current Principal Place of Business:**

1401 EAST COLONIAL DRIVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

1800 EAST COLONIAL DRIVE  
ORLANDO, FL 32803

**Current Mailing Address:**

1401 EAST COLONIAL DRIVE  
ORLANDO, FL 32803

**New Mailing Address:**

PO BOX 532096  
ORLANDO, FL 32853

**FEI Number:** 13-2831524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAX, DAVID  
1401 EAST COLONIAL DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

FLAX, DAVID  
1800 EAST COLONIAL DRIVE  
ORLANDO, FL 32803 US

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.

SIGNATURE:

02/23/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLAX, DAVID  
Address: 1800 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32803

Title: VP  
Name: FLAX, LEONARD  
Address: 150 BEEKMAN ST  
City-St-Zip: NEW YORK, NY 10038

Title: CFO  
Name: DAVIS, PAULA R  
Address: 1800 EAST COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA R. DAVIS

CFO

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date