

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097543

FILED
Apr 12, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA FINE ARTS, INC.

Current Principal Place of Business:

3115 WEST DELEON STREET
UNIT 9
TAMPA, FL 33609

New Principal Place of Business:

221 S. HALE AVE
UNIT A
TAMPA, FL 33609

Current Mailing Address:

3115 WEST DELEON STREET
UNIT 9
TAMPA, FL 33609

New Mailing Address:

PO BOX 20691
TAMPA, FL 33622

FEI Number: 20-3167107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SCHMAHL, MICHAEL C ESQ.
221 S. HALE AVE
TAMPA, FL 33609 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: MICHAEL C. SCHMAHL

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPPLE, GARY
Address: 3115 WEST DELEON STREET, UNIT 9
City-St-Zip: TAMPA, FL 33609

Title: VD () Delete
Name: COPPLE, DAVID M
Address: 3115 WEST DELEON STREET, UNIT 9
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: SCHMAHL, MICHAEL C
Address: 3115 WEST DELEON STREET, UNIT 9
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COPPLE, GARY
Address: 221 S. HALE AVE, UNIT A
City-St-Zip: TAMPA, FL 33609

Title: VD (X) Change () Addition
Name: COPPLE, DAVID M
Address: 221 S. HALE AVE, UNIT A
City-St-Zip: TAMPA, FL 33609

Title: STD (X) Change () Addition
Name: SCHMAHL, MICHAEL C
Address: 221 S. HALE AVE, UNIT A
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL C. SCHMAHL

STD

04/12/2006

Electronic Signature of Signing Officer or Director

Date