

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010774

Entity Name: DMW FINE ART STUDIO, INC.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 7147  
ST. PETERSBURG, FL 33734

## New Principal Place of Business:

3150 MORRIS ST NORTH  
ST. PETERSBURG, FL 33713

## Current Mailing Address:

P. O. BOX 7147  
ST. PETERSBURG, FL 33734

## New Mailing Address:

FEI Number: 20-4284835      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DON MICHAEL  
3150 MORRIS ST. NORTH  
ST. PETERSBURG, FL 33713      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, DON MICHAEL  
Address: 3150 MORRIS ST. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: STD ( ) Delete  
Name: WILLIAMS, CRISTINA M  
Address: 3150 MORRIS ST. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON M. WILLIAMS

PD

04/13/2009

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

\_\_\_\_\_  
Date