


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90011 040 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # <b>PO000021518</b>                        |  |
| 1. Entity Name<br><b>Absolutely Art Gallery Inc.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>901 W. Indian town Rd Ste 12</b> | Mailing Address<br><b>Jupiter Fl 33458</b> |
|--|--|

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

41



8 Chg-P CR2E034 (12/06)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br><b>20-4654832</b>   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>Deborah L. Flowers</b><br><b>901 W. Indian town Rd Ste 12</b><br><b>Jupiter Fl 33458</b> |
|--|

|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|

|  |      |
|--|------|
| 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.<br>SIGNATURE <b>Deborah L. Flowers</b><br>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) | DATE |
|--|------|

|  |   |
|--|---|
| FILE NOW!!! FEE IS <del>\$550.00</del> <b>150</b><br>Due by September 12, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P Deborah L. Flowers</b><br><b>901 W. Indian town Rd</b><br><b>Jupiter Fl 33458</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Deborah L. Flowers</b><br><b>Same</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Deborah L. Flowers</b><br><b>Same</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S Deborah L. Flowers</b><br><b>Same</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Ste 12</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |

|  |                                       |
|--|---------------------------------------|
| 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. |                                       |
| SIGNATURE: <b>Deborah L. Flowers</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date <b>5/1/08</b><br>Daytime Phone # |