2007 FOR PROFIT CORPORATION ANNUAL REPORT

CUMaNT # P06000145838

Name PAWS ARTISTIC DESIGNS, INC.



FILED Apr 30, 2007 08:00 All Secretary of State

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Principal Place of Business Mailing Address												
1				4461 JACONA DR. HERNANDO BEACH, FL 34607			 		0) 0 1 1) 011 0 7 0 1		MINTO II IFOS	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite. Apt. #, etc.				02152007	Chg-P	CR2E) 034 (12/06))
City & State				City & State			4. FEI Numb 20-595	92727			pplied For lot Applicable	
Zip	Country			Zip Country				5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered	Agent	
,						Name						
BROWN, NATALIE JO 4461 JACONA DR.						Street Address (P.O. Box Number is Not Acceptable)						
HERNANDO BEACH, FL. 34607						Substitution of the contraction of the company						
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										FL	•	
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. † am familiar with, and accept the obligations of registered agent.												
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). DATE												
(117 to ingration of year agricultural states												
FILE NOW!!! FEE IS \$150.00 After May 1, 2 77 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							\$5 .l Adde	00 May Be ed to Fees		,		
10.		OFFICERS ANI	D DIREC	TORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
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14. I rigredy 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: X

Radele Jo Brow

NATALIE JO BROWN

4-25-07

127-797-4230

Daytime Pho