## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## May 02, 2008 8:00 am Secretary of State DOCUMENT # P94000067965 05-02-2008 90124 013 \*\*\*150.00 ASIAN ARTS & DECOR, INC. Principal Place of Business Mailing 'Address 5515 FRUITVILLE ROAD 5515 FRUITVILLE ROAD SARASOTA CROSSINGS SARASOTA CROSSINGS SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4/20 CARRIAGE CIRCLE SAME Suite, Apt. #, etc. 04282008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For SARASOTA I 65-0524013 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVIN, ALLEN J 3440 CONWAY BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 1A PORT CHARLOTTE, FL 33952 Zio 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. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Change Addition NAME ROSENBERG, SHARON L NAME 4120 CARRIAGE CIR STREET ADDRESS STREET ADDRESS SARASOTA, FL 34241 CITY-ST-7IP CITY-ST-ZIP 🔀 Delete TITLE TITLE ☐ Change ☐ Addition ROSENBERG, HARRY STREET ADDRESS 4120 CARRIAGE CIR STREET ADDRESS SARASOTA, FL 34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receiveryor 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 attachmer ith, an address, with all other empowered.

OFFICER OR DIRECTOR

FILED