


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90013 047 ***150.00

DOCUMENT # P94000068353		
1. Entity Name WIZZ ARTS, INC.		

Principal Place of Business 18501 SW 130TH AVE MIAMI, FL 33177	Mailing Address 18501 SW 130TH AVE MIAMI, FL 33177
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2. Principal Place of Business 19365 N.W. 80th DR Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3066 Suite, Apt. #, etc.
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City & State Okeechobee FL	City & State Okeechobee FL
Zip 34973-3066	Country Okeechobee



03142006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0522326	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUBEL, JOHN A 18501 SW 130TH AVE MIAMI, FL 33177	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: <i>John A. Bubel</i> (NOTE: Registered Agent signature required when reinstating) DATE: 3/07/08	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBEL, JOHN A 18501 SW 130TH AVE MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBEL, DORIS 18501 SW 130TH AVE MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.	
SIGNATURE: <i>John A. Bubel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/07/08 Date