


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000075846 1. Entity Name ART AT THE PLAZA, INC.	
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Principal Place of Business 100 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 US	Mailing Address 100 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770 US
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3274794	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, TINA B 100 N. INDIAN ROCKS RD. BELLEAIR BLUFFS, FL 34640
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

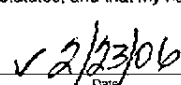
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, TINA B 3772 SHADY BLUFFS DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASEL, DANA M 3018 JACKSON ST. N. ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASEL, TRACEY A 3018 JACKSON ST. N. ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/06-00048-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2/23/06 727 569-7767
Date Daytime Phone