


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000030805 1. Entity Name SKETCHES, ETC., INC.	
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Principal Place of Business 3150 SOUTH GATE CR. SARASOTA, FL 34239	Mailing Address 3150 SOUTH GATE CR. SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0586703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ERB, SHERRY
3150 SOUTHGATE CIRCLE
SARASOTA, FL 34231**

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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 rechartering) DATE: _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERB, SHERRY 3150 SOUTH GATE CR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERB, SHERRY 3150 SOUTH GATE CR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERB, SHERRY 3150 SOUTH GATE CR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERB, SHERRY 3150 SOUTH GATE CR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/17/06-80054-024 150.00

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: Sherry Erb _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____