


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90247 001 \*\*\*150.00

<b>DOCUMENT # P96000010104</b> 1. Entity Name <b>DEB CANHAM ARTIST DESIGNS, INC.</b>					
Principal Place of Business <b>232 PEDRO ST</b> <b>VENICE, FL 34285 US</b>			Mailing Address <b>232 PEDRO ST</b> <b>VENICE, FL 34285 US</b>		
2. Principal Place of Business <b>216 HIGH POINT DRIVE</b>		3. Mailing Address <b>1435 E. VENICE AVE,</b> <b>UNIT 104 PMB 242</b>			
Suite, Apt. #, etc. <b>VENICE FLORIDA</b>		Suite, Apt. #, etc. <b>UNIT 104 PMB 242</b>			
City & State <b>VENICE FLORIDA</b>		City & State <b>VENICE FLORIDA</b>		4. FEI Number <b>65-0652336</b>	
Zip <b>34292</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CANHAM, DEBORAH S</b> <b>232 PEDRO ST</b> <b>VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>216 HIGH POINT DRIVE</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34292</b>		
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 <b>DEBORAH S. CANHAM</b> <i>P. Devel Canham</i> <b>4/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CANHAM, DEBORAH S</b> <input type="checkbox"/> Delete <b>232 PEDRO ST</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>216 HIGH POINT DRIVE</b> <b>VENICE FL 34292</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>CANHAM, RICHARD</b> <b>232 PEDRO ST</b> <b>VENICE, FL 34285</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>216 HIGH POINT DRIVE</b> <b>VENICE FL 34292</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>DEBORAH S. CANHAM</b> <i>P. Devel Canham</i> <b>(941) 480 1200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/4/05 Daytime Phone #</small>					