

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033806

FILED
Feb 20, 2007
Secretary of State

Entity Name: ARTS PLANNING & DESIGN COMPANY, INC.

Current Principal Place of Business:

1800 ATLANTIC BLVD
APT. A-210
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

506 LOUISA STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0665532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELLY, GREGORY G
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRAUT, HARRY J
Address: 1800 ATLANTIC BLVD., A-210
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: SBABO, MICHAEL C
Address: 25 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10023

Title: S () Delete
Name: SHELDON, PHILLIP
Address: 1010 VARELA STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: STRIKER, MARALEE
Address: 7405 ALBERBAN STREET
City-St-Zip: SHAWNEE, KS 66216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY J KRAUT

P

02/20/2007

Electronic Signature of Signing Officer or Director

Date