
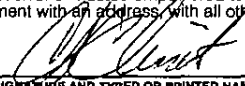


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000016357</b>		
1. Entity Name ART INHERITED OF LAND O' LAKES, INC.		
Principal Place of Business 2814 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639	Mailing Address 2814 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CLISSET, CAREN S 2814 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLISSET, CAREN S 2814 LAND O' LAKES BLVD. LAND O' LAKES, FL 34639	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, DANNIE J 2814 LAND O' LAKES BLVD LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECUM, CAROL A 2814 LAND O' LAKES BLVD. LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date: 2/21/07 Daytime Phone #: 813-949-0488



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493071	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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03/06/07-80090-022 158.75