

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010563

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: MASTERWORKS ART GROUP, INC.

## Current Principal Place of Business:

P.O. BOX 112680  
NAPLES, FL 34108 US

## New Principal Place of Business:

1068 BUSINESS LANE #1  
NAPLES, FL 34110 US

## Current Mailing Address:

P.O. BOX 112680  
NAPLES, FL 34108 US

## New Mailing Address:

FEI Number: 65-0891251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IHRIG, W. KENT ESQUIRE  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33602 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: CHMN ( ) Delete  
Name: WINDFELDT, GENE  
Address: 109 FELIPE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PRES ( ) Delete  
Name: WINDFELDT, MICHAEL  
Address: 20100 EAGLE GLEN WAY  
City-St-Zip: ESTERO, FL 33928

Title: TD ( ) Delete  
Name: WINDFELDT, GREGORY  
Address: 109 FELIPE DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

## 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:

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: MICHAEL G. WINDFELDT

CHMN

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date