


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S60558		
1. Entity Name DISTINCTIVE ART CUSTOM PICTURE FRAMING, INC.		
Principal Place of Business 350 GARDEN LANE ATLANTIC BEACH, FL 32233 US		Mailing Address 1015 ATLANTIC BEACH 331 ATLANTIC BEACH, FL 32233 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAITTA, LAURA WOODS 350 GARDEN LANE ATLANTIC BCH, FL 32233		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SAITTA, LAURA WOODS	
STREET ADDRESS	350 GARDEN LANE	
CITY-ST-ZIP	ATLANTIC BCH, FL	
TITLE	D	
NAME	SAITTA, KENNETH H.	
STREET ADDRESS	350 GARDEN LANE	
CITY-ST-ZIP	ATLANTIC BCH, FL	
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 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: <u>Laura Woods Saitta</u> LAURA WOODS SAITTA 4/22/05 904-413-5085 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3073191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/25/05-80059-014 150.00

**DO NOT WRITE
IN THIS SPACE**