2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM **DOCUMENT # V06499 Secretary of State** 1. Entity Name ECO-ART, INC. Principal Place of Business Mailing Address 5162 DR. PHILLIPS BLVD 5162 DR. PHILLIPS BLVD ORLANDO, FL 32819 ORLANDO, FL 32819 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3113747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YERGEY, DAVID A., JR DO NOT WRITE 211 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801 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. Signature, typed or printed name of registered agent and little if applicable (NOTF: Registered Agent stansture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PSD TITLE CROTTY, DENISE ROCHELLE NAME STREET ADDRESS 6415 HILL O'SANDS CT. CITY-ST-7/P ORLANDO, FL U00000577428 TITLE 01/08/07-80015-019 150.00 CROTTY, DENISE 6451 HILL O'SANDS CT STREET ADDRESS ORLANDO, FL CITY-ST-ZP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIA OR DIRECTOR

Date

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CITY-ST-ZIP