2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN Secretary of State DOCUMENT # V26864 1. Entity Name ART SELECTIONS, INC. Principal Place of Business Mailing Address 630 OCEAN RD P.O.BOX 3525 VERO BEACH FL 32963 VERO BEACH FL 32964 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0329874 Not Applicable Zip Country Z_{iD} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **EVANS, CHRISTINE** Street Address (P.O. Box Number is Not Acceptable) 630 OCEAN RD. VERO BCH FL 32963 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or pots, in the State of Florida. I am familiar with, and accept the obligations of registered agent SCOTE: Registered Agent's gnature required when reinstating? Lor mirred name of registered poent and the Transfersion FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change THE Derete TITLE ☐ Addition EVANS, CHRISTINE U00000814098 NAME NAME 02/13/08-80030-012 150.00 STREET ADDRESS P.O. BOX 3525 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-7IP TITLE Defele TITLE Change Addition Maras MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-51-712 ☐ Darete IIILE TITLE ☐ Change ☐ Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST- ZIP ☐ De-ete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition TITLE Deleto TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 Care 772 - 234-1633