


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90282 028 ***150.00

DOCUMENT # F02000003792		
1. Entity Name ARTEMIS INTERNATIONAL SOLUTIONS CORPORATION		

Principal Place of Business 4041 MACARTHUR BLVD SUITE 401 NEWPORT BEACH, CA 92660	Mailing Address 1811 PIKE ROAD LONGMONT, CO 80234
--------------------------------------------------------------------------------------------	---------------------------------------------------------

14017175



2. Principal Place of Business		3. Mailing Address 4041 MacArthur Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 401	
City & State		City & State Newport Beach, CA	
Zip	Country	Zip	Country
		92660	US

04282005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4023714		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, CRAIG H 100 2ND AVE S #200 ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERNIER, PATRICK 4041 MACARTHUR BLVD STE. 401 NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bengt Algevik Finelalsvagen 11a 18157 Lidingo, Sweden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YAGER, STEVEN 4041 MACARTHUR BLVD STE. 260 NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Cairns 521 Leopard Rd. Burrwyn, PA 19312-1947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, ARI 4041 MACARTHUR BLVD STE. 260 NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joe Liernandt 601 West Courtyard Dr, Ste 300 Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERE, PEKKA 4041 MACARTHUR BLVD STE.401 NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mike Murphy 851 Traeger Ave, Ste. 125 San Bruno, CA 94066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEFANOVICH, ROBERT 4041 MACARTHUR BLVD STE. 401 NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Olle Odman Ekholmsagen 55, 13337 Saltjobanan, SWEDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAVONI, CHARLES F 4041 MACARTHUR BLVD STE. 260 NEWPORT BEACH, CA 92660 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Steven Yager 6260 Lookout Rd. Boulder, CO 80301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT S. STEFANOVICH 4/28/05 (949) 660-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #