FILED Sep 05, 2006 08:00 AN Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nan	MENT # F050000005 sive art, inc.	83						
Principal Place of Business 5901 OAK STREET STONY RIDGE, OH 43463-0357		Mailing Address 5901 OAK STREET STONY RIDGE, OH 43463-0357						_
E	OO NOT WRITE	IN THIS SPA	CE	08282006 4. FEI Number 34-1428		CR2E034 (or
				S. Cartificate of Status Decired			8.75 Additional se Required	
201 N. RIV	6. Name and Address of Current Rep WSKI, DAVID L VERSIDE DR. #601 O BEACH, FL 33062	Istered Agent			NOT WI HIS SP			
8. The above the obligat SIGNATURE.	e named entity submits this statement for the tions of registered agent. 77 Signature, typed or printed name of registered agent and the state of registered agent	10 mg - 1	ed office or register		n, in the State of Flor	ida. I am famili	ar with, and ac	cept
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	In accordance wi corporation did n	ith s. 607,193 ot receive the	(2)(b), F.S., ti prior notice.	пе
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PTV ROMBKOWSKI, DAVID 201 N. RIVERSIDE DR. #601 POMPANO BEACH, FL. 33062 S	ECTORS				1 00 05759 106~8000	89 5_000 1	TO Do
NAME STREET ADDRESS CITY-ST-ZIP	ROMKBOWSKI, LISA M 201 N. RIVERSIDE DR. #601 POMPANO BEACH, FL 33062				our our	rio nini	9-00 <u>7</u> [50.00
ITTLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT W	RITE		
TITLE NAME Street address City-St-Zip				INT	HIS SP	ACE	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1						а
12. I hereby of indicated of the con changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustod ampower or on an attachment with an address, with	filing does not qualify or the exe and accurate and that my signal ad to execute this paper as requir all other like empowered.	emptions contained ure shall have the s red by Chapter 607	in Chapter 119, ame legal effect Horida Statutes	Florida Statutes. I lu as if made under oa ; and that my name	urther certify that I am an appears in Bloc	at the information officer or direction of the state of t	on itor (1 if
SIGNAT		ED NAME OF BISING OFFICER OR DERECT	OR .	P-31	~ 06	- Cueytime	Phone #	_