2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P03000003517

Entity Name: ARTCO STUDIO, INC.

Current Principal Place of Business:

645 LKE WELLINGTON DR.
WELLINGTON, FL 33414

New Principal Place of Business:

645 LAKE WELLINGTON DR.
WELLINGTON, FL 33414 US

Current Mailing Address:

645 LKE WELLINGTON DR.
WELLINGTON, FL 33414

New Mailing Address:

645 LAKE WELLINGTON DR.
WELLINGTON, FL 33414 US

FEI Number: 03-0500197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALLEN, HOWARD M
13833 WELLINGTON TRACE
E4-424
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

FALLEN, HOWARD M
645 LAKE WELLINGTON DRIVE
WELLINGTON, FL 33414 US

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.

SIGNATURE: 04/22/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FALLEN, HOWARD M
Address: 13833 WELLINGTON TRACE #E4-424
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: FALLEN, BRYANNA L
Address: 13833 WELLINGTON TRACE #E4-424
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FALLEN, HOWARD M
Address: 645 LAKE WELLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: S (X) Change ( ) Addition
Name: FALLEN, BRYANNA L
Address: 645 LAKE WELLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD FALLEN P 04/22/2009
Electronic Signature of Signing Officer or Director — Date