

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 014 ***150.00

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01132006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000051124					
1. Entity Name ABSTRACTART, INC.					
Principal Place of Business 21234 OLEAN BLVD., SUITE 2 PORT CHARLOTTE, FL 33952			Mailing Address 21234 OLEAN BLVD., SUITE 2 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0518801	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DONHAM, ROBIN R 21234 OLEAN BLVD SUITE 2 PORT CHARLOTTE, FL 33952			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONHAM, ROBIN R	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	21234 OLEAN BLVD., SUITE 2			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	
TITLE	VS			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONHAM, SAMUEL D	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	21234 OLEAN BLVD., SUITE 2			STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby 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: <i>Robin Renee Donham</i> ROBIN DONHAM				Date: 1-23-06 941-629-8888	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	