

2005 FOR PROFIT CORPORATION REINSTATEMENT

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|---|--|---|--|---|--|
| DOCUMENT # P04000157469 1. Entity Name ARTISTIC ILLUSIONS, INC. | |  | | FILED 05 DEC 19 AM 10:38 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 428 FOURTH STREET BOCA GRANDE, FL 33921 | | Mailing Address 428 FOURTH STREET BOCA GRANDE, FL 33921 | |  | |
| 2. Principal Place of Business <i>6478 SanCasabla</i> | | 3. Mailing Address <i>Same</i> | | | |
| Suite, Apt. #, etc. <i>Suite 3</i> | | Suite, Apt. #, etc. | | | |
| City & State <i>Englewood FL</i> | | City & State <i>Englewood FL</i> | | | |
| Zip <i>34224</i> | | Country <i>US</i> | | 4. FEI Number 20-2198417 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 6. Name and Address of Current Registered Agent ANDERSON, LARRY 428 FOURTH STREET BOCA GRANDE, FL 33921 | | 7. Name and Address of New Registered Agent Name <i>[Signature]</i> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, LARRY 1201 JEFFERSON DRIVE ENGLEWOOD, FL 34224 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200062332722 12/21/05--01055--003 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, BEVERLY J. 1201 JEFFERSON DRIVE ENGLEWOOD, FL 34224 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>[Signature]</i> 12/20 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 another like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> Beverly J Anderson 12-15-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

941-475-7852