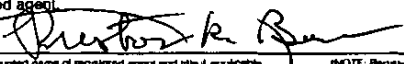


2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2007-90001-024-\$150.00-\$150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 AM 10:12

DOCUMENT # P06000136994			
1. Entity Name ARTISTS INTERNATIONAL COACH SERVICES, INC.			
Principal Place of Business 12586 SE 140TH AVE OCKLAWAHA, FL 32179		Mailing Address PO BOX 1513 OCALA, FL 34478	
2. Principal Place of Business - No P.O. Box # 12586 SE 140TH AVE		3. Mailing Address P.O. BOX 1513	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocklawaha Fla		City & State OCALA FL	
Zip 34478	Country USA	Zip 34470	Country USA
6. Name and Address of Current Registered Agent BARE, PRESTON K 12586 SE 140TH AVE OCKLAWAHA, FL 32179		7. Name and Address of New Registered Agent Name PRESTON K. BARE Street Address 12586 SE 140TH AVE City OCKLAWAHA FL 32179	
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  DATE 10/10/07			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees 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 D ☐ Delete NAME BARE, PRESTON K STREET ADDRESS 12586 SE 140TH AVE CITY-ST-ZIP OCKLAWAHA, FL 32179		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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: 		Date 7/25/07 (104)1008-0980	

REINSTATEMENT
B 10/18/07

Per conversation with Mr. Bare the registered Agent
Address should be 12586 SE 140th Ave 352 804 1398
Ocklawaha, FL 32179