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

07162007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000136994

1. Entity Name
ARTISTS INTERNATIONAL COACH SERVICES, INC.

Principal Place of Business	Mailing Address
12586 SE 140TH AVE OCKLAWAHA, FL 32179	PO BOX 1513 OCALA, FL 34478

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12586 SE 140th Ave	P.O B 1513
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocklawaha Fla	City & State: OCALA FL
Zip: 34478 Country: USA	Zip: 34478 Country: USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARE, PRESTON K 12586 SE 140TH AVE OCKLAWAHA, FL 32179	Name: PRESTON K. BARE Street Address (P.O. Box Number is Not Acceptable): 12586 SE 140th Ave City: OCKLAWAHA FL Zip Code: 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: Preston K Bare   DATE: 10/10/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	☐ Change ☐ Addition
NAME	BARE, PRESTON K	NAME	
STREET ADDRESS	12588 SE 140TH AVE	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	B 10/18/07
CITY-ST-ZIP		CITY-ST-ZIP	REINSTATEMENT
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Preston K. Bare   7/25/07   (404)668-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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