



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 350940</b> 1. Entity Name <b>ART CRAFT METALS INC</b>			
Principal Place of Business <b>1630 SW 13TH COURT % RUSSELL L. DAVIS POMPANO BEACH, FL 33069</b>		Mailing Address <b>1630 SW 13TH COURT % RUSSELL L. DAVIS POMPANO BEACH, FL 33069</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03072006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1272329</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIS, RUSSELL L. 1630 SW 13 CT POMPANO BEACH, FL 33069</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RUSSELL L. 10661 DENOEU RD BOYNTON BCH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, SHIRLEY R 10661 DENOEU RD BOYNTON BCH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, BRET R 104211 DENOEU RD. BOYNTON BEACH, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, MARK C. 437 SW 13TH ST POMPANO BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: <u>Shirley R. Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/7/2006</u> <small>Date</small>	<u>954-946-4620</u> <small>Daytime Phone #</small>