

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 08:00 AM
Secretary of State



DOCUMENT # 556788

1. Entity Name
ARTSENTRY CORPORATION

Principal Place of Business 6245 CLARK CENTER DR UNIT L SARASOTA FL 34238 US	Mailing Address 1255 GULFSTREAM AVENUE APT. 1105 SARASOTA FL 34236 US
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1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-1839629	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLOMON, ANN 1255 GULFSTREAM AVE APT. 1105 SARASOTA FL 34236	Name
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD SOLOMON, ANN 1255 GULFSTREAM AVE, APT. 1105 SARASOTA FL 34236	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000604740 01/30/07-80006-018 150.00
NAME	SOLOMON, MICHELE	NAME	
STREET ADDRESS	40 EARNEST RD.	STREET ADDRESS	
CITY-STATE-ZIP	CHUCKEY TN 37641	CITY-STATE-ZIP	
DELETE	<input type="checkbox"/>	DELETE	<input type="checkbox"/>
TITLE	VD SOLOMON, MICHAEL 51 MIDDLE HIGHWAY EAST HAMPTON NY 11937	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
DELETE	<input type="checkbox"/>	DELETE	<input type="checkbox"/>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
DELETE	<input type="checkbox"/>	DELETE	<input type="checkbox"/>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
DELETE	<input type="checkbox"/>	DELETE	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ann F. Solomon* 1/23/07 941-951-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #