

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 556788

1. Entity Name

ARTSENTRY CORPORATION



FILED
Jan 28, 2008 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
 6245 CLARK CENTER DR UNIT L SARASOTA FL 34238 US
 1255 GULFSTREAM AVENUE APT. 1105 SARASOTA FL 34236 US

WIRE TO OFFICE TO AVOID DELAYS IN SERVICE



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)
 4. FE Number 59-1839629 Applied Fee Not Applicable

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

6. Name and Address of Current Registered Agent
 SOLOMON, ANN
 1255 GULFSTREAM AVE
 APT. 1105
 SARASOTA FL 34236

7. Name and Address of New Registered Agent
 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 I accept the conditions of registered agent.

SIGNATURE DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Filing Commission Filing Fee \$5.00 May Be Waived For Certain Filings
 Trust Fund Contribution Additive Fees

10. OFFICERS AND DIRECTORS

| TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
|-------------------------------------|------------------|--------------------------------|-----------------------|
| PD <input type="checkbox"/> Delete | SOLOMON, ANN | 1255 GULFSTREAM AVE, APT. 1105 | SARASOTA FL 34236 |
| STD <input type="checkbox"/> Delete | SOLOMON, MICHELE | 40 EARNEST RD. | CHUCKEY TN 37641 |
| VD <input type="checkbox"/> Delete | SOLOMON, MICHAEL | 51 MIDDLE HIGHWAY | EAST HAMPTON NY 11937 |
| <input type="checkbox"/> Delete | | | |
| <input type="checkbox"/> Delete | | | |
| <input type="checkbox"/> Delete | | | |

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 11)

| TYPE | NAME | STREET ADDRESS | CITY, ST, ZIP |
|---|------|----------------|---------------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| | | | |
| | | | |
| | | | |
| | | | |

U00000803308
 02/05/08-80019-021 150.00

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 an officer like empowered.

SIGNATURE: *Ann F Solomon, Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 941-951-1348