

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 636811	
1. Entity Name ART NOW INC.	

Principal Place of Business 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149	Mailing Address 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1978504	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVINE, JOAN 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, JOAN 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, JERROLD 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, TODD 765 CRANDON BLVD., #502 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/06-80027-021 150.00

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IN THIS SPACE**

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:

[Signature] **JERROLD LEVINE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06
Date

305 361 1500
Daytime Phone #