2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE!

FILED Jan 22, 2008 08:00 A Secretary of State DOCUMENT # F05000003427 SEVENARTS LTD., CO. Principal Place of Business Mailing Address 9 EAST 40TH STREET, 6TH FLOOR 9 EAST 40TH STREET, 6TH FLOOR NEW YORK, NY 10016 NEW YORK, NY 10016 ing the state of the contribution of the property of the state of the kapatengatura Senaraga sepertahan pertahan menerakan sebesah pertahan sebesah perahai Terbebasa Se Senara terbahan periodi sepertahan periodi sebagai sebagai perahai sebesah perahai sebesah perahai Senara terb Senara terbahan perahai sebagai sebagai sebagai sebagai sebesah perahai sebesah perahai sebagai sebagai sebaga 01182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3753081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DONOT WRITE 6. Name and Address of Current Registered Agent DO NOT WRITE PERMAN, GEORGE R 8886 WENDY LANE WEST PALM BEACH, FL 33411 IN THIS SPACE 8. The above named entity bomits 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. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) $z_1 = z_2 = z_3$. DATE: $z_1 = z_2 = z_3 = z_4$. 9. Election Campaign Financing \$5.00 May Be 01 700 700 0000790706 150 00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE PERMAN, GEORGE R NAME 8886 WENDY LANE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 the corporation or on an attachment with an address, with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #