2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
02-06-2008 90037 043 ***150.00

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1. Entity Nam	MENT # F53507 ARTISTRY, INC.				02-00-2008 90	
Principal Place of Business 2100 PREMIER ROW ORLANDO, FL 32809 US Malling Address 2100 PREMIER ROW ORLANDO, FL 32809 US ORLANDO, FL 32809 US				660)	E ADDI STITI TUUK KANKI IYO OO OO
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01042008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For S9-2133744 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
725 NORT	STEPHEN M H MAGNOLIA AVENUE D, FL 32803	DO NOT WRITE 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. If am familiar with, and accept the obligations of pagistered agent. SIGNATURE Substant, hood or critical name of registered agent and time if applying the days agent and time if applying the page to the state of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of pagistered agent, or both acceptance agent a						
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.						
10. TITLE	OFFICERS AND D	RECTORS		•		
NAME STREET ADDRESS CITY-ST-ZIP	NICHOLS, R W JR 2608 MIDSUMMER DRIVE WINDERMERE, FL 34786		ļ 1		•	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PTD NICHOLS, BRENDA G 2608 MIDSUMMER DRIVE WINDERMERE, FL 34786					
TITLE MAINE STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	re
HAME STREET ADDRESS CHY-S1-ZIP				IN T	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-S1-ZIP						
ITILE NAME STREET ADDRESS CITY-ST-DP						
12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and document 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 freceiver 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: PLOT V V V V V V V V V V V V V V V V V V V						