## 2006 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM CUMENT # J57679 **Secretary of State** RTISTICS, INC. ł ۶ val Place of Business Mailing Address 1546 NORTH WOODLAND BOULEVARD DELAND FL 32720 NORTH WOODLAND BOULEVARD ND FL 32720 cipal Place of Business 2 3. Mailing Address Suite, Apt. #, etc. te. Apt. il, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number A State City & State 59-2796274 Not Applicat \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ST. JOHNS, VICKI 1546 NORTH WOODLAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 Zip Code tows 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 access 8 coligations of registered agent. ٤ DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ( ster May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Breck Payable to Florida Department of State 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change ☐ Add™ ☐ Delete ST JOHNS VICKI NAME U00000397572 S 1546 N WOODLAND BLVD STREET ADDRESS 01/30/06-80054-012 150 00 CITY-ST-ZIP DELAND FL 32720 Adding TITLE Change Delete NAME MATTHEWS ALICE STREET ADDRESS 310 W PALMETTO S CITY - ST - ZIP DELAND FL 32720 ☐ Change ☐ Added ₹ Detets 34117 NAME STREET ADDRESS S CITY - ST- ZIP C Change ☐ Add..." ☐ Delete TITLE NAME STREET ADDRESS S NUDRESS CITY-ST-ZIP C ŢΡ ☐ Change ☐ Add \*\*\* ☐ Delete TITLE NAME STREET ADDRESS S CITY ST-ZIP ☐ Change □ Addinin Delete 3374.5 NAME S STREET ADDRESS Ç CITY-ST-ZIP

nereby 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 deficited on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath, that I am an officer or direction 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 1 changed, or on an attachment with an address, with all other like empowered.

NATURE:

386-736-1546

1-20-06