2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # J79317** 1. Entity Name ARTIS OPUS, INC. Principal Place of Business Mailing Address 70 PALMER AVE. 1101 ELM AVENUE WINTER PARK, FL 32789-2530 SANFORD, FL 32771 US 04022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2827182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FITZPATRICK, ANGELA DO NOT WRITE 1101 ELM AVÉ. SANFORD, FL 32771 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FITZPATRICK, ANGELA NAME STREET ADDRESS 1101 ELM AVENUE SANFORD, FL 327712871 CITY-ST-ZIP U0U000294362 04/08/05-80067-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CICNATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

#07-322-95//

FILED