2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2006 08:00 AN 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 04182006 No Chg-P CR2E034 (11/05) 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 AVE. 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, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinsteam) DATE U00000532818 05/06/06-80098-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FITZPATRICK, ANGELA STREET ADDRESS 1101 ELM AVENUE SANFORD, FL 327712871 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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, Fjorida Statutes; and that my name appears in Block 10 or Block 11 in

changed, or on an attachme

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