

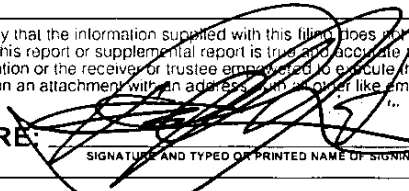


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 041 ***150.00

DOCUMENT # K01373 1. Entity Name ARTAZEN CONSTRUCTION, INC.																	
Principal Place of Business 3110 59TH AVE DR E BRADENTON, FL 34203 US			Mailing Address 627 NORTH SHADE AVENUE SARASOTA, FL 34237-4409 US														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country		02082008 Chg-P CR2E034 (12/06)													
4. FEI Number 65-0014375				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LEMIEUX, PAUL P. 6691-B 33RD ST E. SARASOTA, FL 34243													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEMIEUX, PAUL P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6691-B 33RD ST E.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SARASOTA, FL</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	LEMIEUX, PAUL P.		STREET ADDRESS	6691-B 33RD ST E.		CITY- ST- ZIP	SARASOTA, FL	
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NAME	LEMIEUX, PAUL P.																
STREET ADDRESS	6691-B 33RD ST E.																
CITY- ST- ZIP	SARASOTA, FL																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">President</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PAUL P. Lemieux</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>627 N. SHADE AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SARASOTA, FL 34237-4409</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PAUL P. Lemieux		STREET ADDRESS	627 N. SHADE AVE.		CITY- ST- ZIP	SARASOTA, FL 34237-4409		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 changed, or on an attachment with an address, name or other like empowered.			
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME	PAUL P. Lemieux																
STREET ADDRESS	627 N. SHADE AVE.																
CITY- ST- ZIP	SARASOTA, FL 34237-4409																
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul P. Lemieux		Date: 2-15-08 Daytime Phone #													