2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State

DOCUMENT # K48345 1. Entity Name NORTON HERRICK FINE ARTS GROUP, INC.					03-29-2005 03-29-2005			
Principal Place of Business 2295 CORPORATE BLVD NW #222 BOCA RATON, FL 33431		Mailing Address 2295 CORPORATE BLVD NW #222 BOCA RATON, FL 33431			6600788		BIN BIBN BIBN BYB	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-P	CR2E	034 (10/03)	
City & State		City & State		4. FEI Numbe 65-008			 	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	7	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
HERRICK, NORTON 2295 CORPORATE BLVD NW #222 BOCA RATON, FL 33431			Name					
			Street Add	tress (P.O. Box Number	er is Not Acceptat	ole)		
			City	FL Zip Code				
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or re	egistered agent, or bo	th, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
After M	ay 1, 2005 Fee will be \$550. OFFICERS AND	OO Trust Fund Contrib DIRECTORS	oution.	Added to Fees	CHANGES TO O	FFICERS AN		
10.	ay 1, 2005 Fee will be \$550. OFFICERS AND PDST	OO Trust Fund Contrib	11. TITLE	Added to Fees	CHANGES TO OI	FFICERS AN	D DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

Contino

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Daytime Phone #