


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # P00000022675 1. Entity Name ARTIST'S EYE, INC.	
---	---

Principal Place of Business 2715 NORTH OCEAN BLVD., STE. 14F FT. LAUDERDALE, FL 33308	Mailing Address 2715 NORTH OCEAN BLVD., STE. 14F FT. LAUDERDALE, FL 33308
---	---

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1096728	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARD P. GREENE, P.A. 2455 EAST SUNRISE BLVD., STE. 905 FT. LAUDERDALE, FL 33304
--

**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

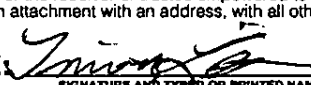
\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEISTNER, TIMOTHY DR. 2715 NORTH OCEAN BLVD., STE. 14F FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000771806
08/10/07-80001-015 158.75

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, with all other like empowered.
SIGNATURE:  Timothy Leistner 9/21/07 954 554 3153 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>