


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000049992
 1. Entity Name
 ART RAGEOUS FRAMEWORKS, INC.



Principal Place of Business Mailing Address
 6205 PARK BLVD. 6205 PARK BLVD.
 PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3658124 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DRIGGER, BRENDA
 2244 18TH AVENUE NORTH
 SAINT PETERSBURG, FL 33713

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UD0000126732
 04/23/04-80046-012-150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRIVE, MARY M
STREET ADDRESS	5976 BAY LAKE DRIVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	S
NAME	KERN, TRACEY
STREET ADDRESS	12100 PARK BLVD. #1601
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: Mary M. Prive 3.3.04 727.544.0936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #