

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90246 006 \*\*\*150.00

**50051862**



04092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P00000049992</b>			
1. Entity Name <b>ART RAGEOUS FRAMEWORKS, INC.</b>			
Principal Place of Business <b>6205 PARK BLVD. PINELLAS PARK, FL 33781</b>		Mailing Address <b>6205 PARK BLVD. PINELLAS PARK, FL 33781</b>	
2. Principal Place of Business <b>9011 Park Blvd</b>		3. Mailing Address <b>9011 Park Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Seminole, FL</b>		City & State <b>Seminole, FL</b>	
Zip <b>33777</b> Country <b>Pinellas</b>		Zip <b>33777</b> Country <b>Pinellas</b>	
4. FEI Number <b>59-3658124</b>		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 <b>DRIGGER, BRENDA 2244 18TH AVENUE NORTH SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P PRIVE, MARY M 5976 BAY LAKE DRIVE NORTH SAINT PETERSBURG, FL 33708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>S KERN, TRACEY 12100 PARK BLVD. #1601 SEMINOLE, FL 33772</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Mary M Prive</i></u>		Date: <u>4-15-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	