


**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P0000064196**  
 1. Entity Name  
**ARTISTIC FOAM DESIGNS, INC.**



Principal Place of Business      Mailing Address  
**751 C ENTERPRISES CT**      **751 C ENTERPRISES CT**  
**SUITE C**      **SUITE C**  
**MELBOURNE, FL 32934**      **MELBOURNE, FL 32934**



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number      Applied For  
**59-3853495**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RATH, MARK A**  
**751C ENTERPRISES CT**  
**MELBOURNE, FL 32934**

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

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

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

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RATH, MARK A
STREET ADDRESS	24 ORANGE AVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000767845  
 07/10/07-80020-018 158.75

**DO NOT WRITE  
 IN THIS SPACE**

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 files empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-507 321-751-7147**  
Date      Dev/Ext. Phone #