2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam ARTIBE,	MENT # P000000687 inc.	19			Secre	tary of S	State
Principal Place	e of Business	Mailing Address					
2177 ARLINGON ST. 2177 ARLINGON ST.							
SARASOTA, F	L 34239	SARASOTA, FL 34239					
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	O NO! WHILE	IN THIS SEA	10L	4. FEI Number 65-10276	333	-	Applied For Not Applicable
		1 		5. Certificate of		\$8.75	Additional
				9. Certificate of	Sidius Desired	Fee Req	uired
	6. Name and Address of Current Re	istered Agent	_				
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	AMIAMI TRAIL	4 + t					
SARASOTA, FL 34231-5559		1.2		IN T	HIS SP	ACE	
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g The shows	named entity submits this statement for th	a numera of changing its regis	tared office or registerer	d agent or both	in the State of Flor	ida I am familiar v	vith, and accept
	flamed entity submits this statement for the flons of registered agent.	a pulpose of changing its regis	tered Omoo or rogistero.	a agong or com,	and claic bi i io.	radi i difficultina i	
SIGNATURE.			,			هنام <u>ان ن</u>	
JIG. W. TOTIES	Signature, typed or printed name of registered agent and	stered Agent signature required w	hen roinstating)		DATE	≃تسورت سه و ساري	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			nancing \$5.0 on. \(\square\) Added	00 May Be d to Fees			
10.	OFFICERS AND DIF	RECTORS I					
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STREET ADDRESS	2177 ARLINGTON ST.	E			· · · · · · · · · · · · · · · · · · ·	***	
CITY-ST-ZIP	SARASOTA, FL 34239	** ***	4				
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NAME STREET ADDRESS	İ	: :			* *		

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:

SIGNATURE AND DATED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/05 941 330-112

Daytime Phone #