2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000082449

City-St-Zip:

FORT LAUDERDALE, FL 33308

Entity Name: ARDIS CREATIVE SERVICE PARTNERS, INC.

FILED Apr 24, 2006 Secretary of State

Littly Nai	He. ARDIS CI	REATIVE SERVICE PARTINER	KO, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	2ND STREET JDERDALE, FI					
Current Mailing Address:			New Maili	New Mailing Address:		
	2ND STREET JDERDALE, FI					
FEI Number:	65-1037987	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
500 NW 62	DN, JOHN L 2ND STREET JDERDALE, FI					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TOMLINSON, J 500 NW 62ND	Delete OHN L STREET SUITE 210 DALE, FL 33309	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EINHEUSER, P 63 CASTLE HA	Delete ETER RBOR ISLE DRIVE DALE, FL 33308	Title: Name: Address: City-St-Zip:		(X) Change()Addition R, PETER ND STREET SUITE 210 DERDALE, FL 33309	
Title: Name: Address:	LAUSMANN, PE	Delete ETRA RBOR ISLE DRIVE	Title: Name: Address:	S,T EINHEUSEF 500 NW 621	(X) Change()Addition R, PETRA ND STREET SUITE 210	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

FORT LAUDERDALE, FL 33309

SIGNATURE: JOHN L TOMLINSON V 04/24/2006