


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90550 022 \*\*\*150.00

<b>DOCUMENT # P01000002722</b>	
1. Entity Name <b>ARTEX PUBLISHING INC.</b>	

Principal Place of Business <b>2881 SAINT CROIX DR CLEARWATER, FL 33759</b>	Mailing Address <b>2881 SAINT CROIX DR CLEARWATER, FL 33759</b>
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**14015079**

2. Principal Place of Business <b>40347 US HWY 19 N Suite, Apt. #, etc. Suite 122 City &amp; State TARPON SPRING FL Zip 34688</b>	3. Mailing Address <b>40347 US HWY 19 N Suite, Apt. #, etc. 122 City &amp; State TARPON SPRING FL Zip 34688</b>
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01242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3692590</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ZIELINSKI, LESLIE 2881 SAINT CROIX DR CLEARWATER, FL 33759</b>	
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7. Name and Address of New Registered Agent Name <b>ZIELINSKI, LESZEK</b> Street Address (P.O. Box Number is Not Acceptable) <b>40347 US HWY 19 N SUITE 122 City TARPON SPRING FL Zip Code 34688</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<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"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZIELINSKI, LESZEK 2881 SAINT CROIX DR CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZIELINSKI, LESZEK 40347 US HWY 19 N, SUITE 122 TARPON SPRINGS, FL 34688 <input checked="" 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
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
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>LESZEK ZIELINSKI</u> PRESIDENT ✓	Date _____	Daytime Phone # <u>(727) 723-3044</u>
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