

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 018 ***150.00

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02082006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000102411			
1. Entity Name ARTISTIC INTERIORS OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 13407 FOX CHAPEL CT. FT MYERS, FL 33919		Mailing Address 2510 SIXTH STREET WEST LEHIGH, FL 33971	
2. Principal Place of Business 2510 Sixth St.W.		3. Mailing Address 2510 Sixth St.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lehigh Acres FL		City & State Lehigh Acres FL	
Zip 33971		Zip 33971	
Country US		Country US	
4. FEI Number 90-0002777		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 YOUMANS, KIMBERELY G 2510 6 ST W LEHIGH ACRES, FL 33971		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUMANS, KIMBERLEY G	NAME	
STREET ADDRESS	2510 SIXTH STEET WEST	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH, FL 33971	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 like empowered.			
SIGNATURE: <i>Kim Youmans</i>		Date: 2/8/06 239-432-0128	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	