2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000016607 02-20-2006 90039 013 ***150.00 LOST ART ENTERTAINMENT, INC. Principal Place of Business Mailing Address 60019264 PO BOX 861225 P.O Box 88/225 600 NW PEACOCK BLVD., STE 8 PORT SAINT LUCIE, FL 34986-1225 PORT ST. LUCIE, FL 34986 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0419531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRYAK, AMY DO NOT WRITE 8220 MARTINGALE LANE PORT ST. LUCIE, FL 34986 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS PSTD TITLE KRYAK, AMY NAME 8220 MARTINGALE LANE STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34986 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-64

Davisne Phone #

FILED Feb 20, 2006 8:00 am