
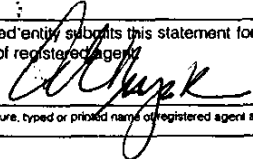
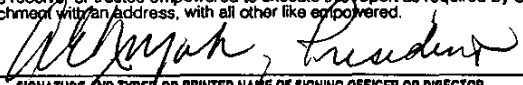


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90039 046 \*\*\*150.00

<b>DOCUMENT # P02000016607</b> 1. Entity Name <b>LOST ART ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>600 NW PEACOCK BLVD., STE 8 PORT ST. LUCIE, FL 34986</b>			Mailing Address <b>PO BOX 881225 PORT SAINT LUCIE, FL 34986-1225</b>		
2. Principal Place of Business - No P.O. Box # <b>8220 MARTINGALE LANE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port St Lucie FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>03-0419531</b>	
Zip <b>34986</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRYAK, AMY 8220 MARTINGALE LANE PORT ST. LUCIE, FL 34986</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 				DATE <b>2-17-07</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KRYAK, AMY 8220 MARTINGALE LANE PORT ST. LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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 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: 				Date <b>2-17-07</b> Daytime Phone # <b>772-201-2884</b>	

60006623



01052007 Chg-P CR2E034 (12/06)