

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90213 037 ***150.00

DOCUMENT # P02000061084 1. Entity Name ARTESTONE CORPORATION			
Principal Place of Business 4546 S. SEMORAM BLVD. CP594 ORLANDO, FL 32822		Mailing Address 4546 S. SEMORAM BLVD. CP594 ORLANDO, FL 32822	
2. Principal Place of Business 233 SIKES COURT Suite, Apt. #, etc. 0		3. Mailing Address 233 SIKES COURT Suite, Apt. #, etc. 0	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32809		Zip 32809	
Country USA		Country USA	
4. FEI Number 01-0718050		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 MENDES, DERCIO 5216 LAKE MARGARET DR 1106 ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name MENDES, DERCIO Street Address (P.O. Box Number is Not Acceptable) 233 SIKES COURT City ORLANDO FL Zip Code 32809	
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 <i>[Signature]</i> 04-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME MENDES, DERCIO STREET ADDRESS 5216 LAKE MARGARET DR #1106 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE P NAME MENDES, DERCIO STREET ADDRESS 233 SIKES COURT CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MENDES, RAPHAEL H STREET ADDRESS 5216 LAKE MARGARET DR #1106 CITY-ST-ZIP ORLANDO, FL 32812	<input type="checkbox"/> Delete	TITLE VP NAME MENDES, RAPHAEL H STREET ADDRESS 233 SIKES COURT CITY-ST-ZIP ORLANDO, FL 32809	<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
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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04-28-06 Daytime Phone #	