

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003517

Entity Name: ARTCO STUDIO, INC.

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

645 LAKE WELLINGTON DRIVE  
WELLINGTON, FL 33414

## New Principal Place of Business:

13833 WELLINGTON TRACE  
E4-424  
WELLINGTON, FL 33414

## Current Mailing Address:

645 LAKE WELLINGTON DRIVE  
WELLINGTON, FL 33414

## New Mailing Address:

13833 WELLINGTON TRACE  
E4-424  
WELLINGTON, FL 33414

FEI Number: 03-0500197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FALLEN, HOWARD M  
645 LAKE WELLINGTON DRIVE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

FALLEN, HOWARD M  
13833 WELLINGTON TRACE  
E4-424  
WELLINGTON, FL 33414 US

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.

SIGNATURE: HOWARD FALLEN

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FALLEN, HOWARD M  
Address: 645 LAKE WELLINGTON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: FALLEN, BRYANNA L  
Address: 645 LAKE WELLINGTON DRIVE  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FALLEN, HOWARD M  
Address: 13833 WELLINGTON TRACE #E4-424  
City-St-Zip: WELLINGTON, FL 33414

Title: S (X) Change ( ) Addition  
Name: FALLEN, BRYANNA L  
Address: 13833 WELLINGTON TRACE #E4-424  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD FALLEN

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date