2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # P03000014982 04-07-2008 90050 023 ***150.00 1. Entity Name ARJÁY ART, INC. Principal Place of Business Mailing Address 13584 49TH STREET N. 13584 49TH STREET N. STE 8 STE 8 CLEARWATER, FL 33762 CLEARWATER, FL 33762 No Cha-P CR2E034 (11/05) 02052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0505398 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GROSS, R J DO NOT WRITE 517 35TH AVENUE NORTH ST. PETERSBURG, FL 33704 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GROSS, RICHARD J 517 35TH AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33704 VPS TITLE KITCHIN, MARY V NAME STREET ADDRESS 2980 HAINES BAYSHORE RD #147 CITY-ST-7IP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

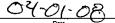
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingent, with an address, with all enter like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF S



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