
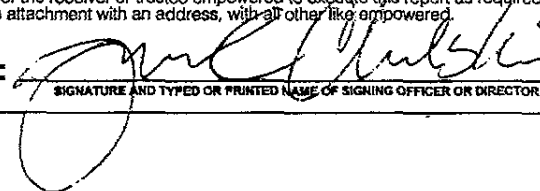


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

| | | |
|--|---|--|
| DOCUMENT # P03000055404 | |  |
| 1. Entity Name MUSART, INC. | | |
| Principal Place of Business 2400 SOUTH OCEAN DRIVE CATAMARAN #2349 FT. PIERCE, FL 34949 | Mailing Address 2400 SOUTH OCEAN DRIVE CATAMARAN #2349 FT. PIERCE, FL 34949 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CHRULSKI, JAMES E 2400 SOUTH OCEAN DRIVE CATAMARAN #2349 FT. PIERCE, FL 34949 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ |
| 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CHRULSKI, JAMES E 2400 SOUTH OCEAN DRIVE, CATAMARAN #2349 FT. PIERCE, FL 34949 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S SCHILLING, ROBERT F 865 S.W. MAGNOLIA BLUFF DRIVE PALM CITY, FL 34990 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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: 4/11/06 Daytime Phone #: 772 979-6015 |



04112006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 54-2113306 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

U00000509396
04/28/06-80043-012 150.00

**DO NOT WRITE
IN THIS SPACE**