2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106595

FILED Jan 20, 2009 Secretary of State

Entity Name: ARTISTIC TOUCH MAINTENANCE SPECIALISTS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
8879 W CC	DLONIAL DR			
DCOEE, F	L 34761			
Current Mailing Address:			New Mailing Address:	
	DLONIAL DR			
#174 DCOEE, Fl	L 34761			
El Number:	20-0784406	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
	SHAWN OW ROSE DI), FL 32818	R US		
	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUF	RE:			
	Electron	nic Signature of Registered Age	ent	Date
lection Can	npaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
itle: lame: ddress: city-St-Zip:	P (JENSEN, SHAV 1040 YELLOW ORLANDO, FL	ROSE DR	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: lame: ddress: city-St-Zip:	V (JENSEN, CYN 1040 YELLOW ORLANDO, FL	ROSE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: lame: .ddress: city-St-Zip:	V (JENSEN, BRAI 1040 YELLOW ORLANDO, FL	ROSE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition

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: SHAWN JENSEN P 01/20/2009