# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000108935

Entity Name: ART PLUS SERVICE INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2343 SOUTH KIRKMAN RD. 8787 SOUTH SIDE BLVD

APT. 353 5205

ORLANDO, FL 32811 US JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

5350 ARLINGTON EXPRESSWAY 8787 SOUTH SIDE

APT-3301 5205

JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32256 US

FEI Number: 20-0274778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACCOUNT BOOKEEPING CORP
5950 LAKEHURST DR.
APT-3301

ACCOUNT BOOKEEPING CORP
5950 LAKEHURST DR
#246

ORLANDO, FL 32819 US ORLANDO, FL 32819 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: RENATA CIDRIM 01/05/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

### OFFICERS AND DIRECTORS:

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 CATRO, MARCELO B
 Name:
 CATRO, MARCELO B

 Address:
 5350 ARLINGTON EXPRESSWAY APT-3301
 Address:
 8787 SOUTH SIDE BLVD

 City-St-Zip:
 JACKSONVILLE, FL 32211 US
 City-St-Zip:
 JACKSONVILLE, FL 32256 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition Name: DA SILVA, JOSE W

 Name:
 DA SILVA, JOSE W

 Address:
 Address:
 8787 SOUTH SIDE BLVD

 City-St-Zip:
 City-St-Zip:
 JACKSONVIVILLE, FL 32256 US

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 DA SILVA, MOZAI F

 Address:
 Address:
 8787 SOUTH SIDE BLVD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCELO CATRO DP 01/05/2006