

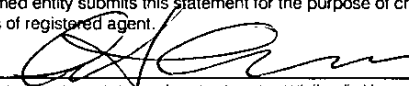



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90111 037 ***150.00

DOCUMENT # P04000008636 1. Entity Name ART CONDERINO, INC.					
Principal Place of Business 6019 ALEXANDRIA CIRCLE FORT PIERCE, FL 34982-3917			Mailing Address 6019 ALEXANDRIA CIRCLE FORT PIERCE, FL 34982-3917		
2. Principal Place of Business 6001 Alexandria Cir Suite, Apt. #, etc.		3. Mailing Address 6001 Alexandria Cir Suite, Apt. #, etc.		50002788 	
City & State FT Pierce FL		City & State FT Pierce FL		4. FEI Number 40-0135346 09-0135346	
Zip 34982		Country ST LUCIE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOEMAKER, RICHARD L CPA 612 NE 26TH STREET WILTON MANORS, FL 33305-1208			7. Name and Address of New Registered Agent Name Amato Conderino Street Address (P.O. Box Number is Not Acceptable) 6001 Alexandria Cir City FT Pierce FL Zip Code 34982		
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  Amato Conderino owner 3-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDERINO, AMATO 6019 ALEXANDRIA CIRCLE FORT PIERCE, FL 349823917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDERINO, BEVERLY 6019 ALEXANDRIA CIRCLE FORT PIERCE, FL 349823917	<input type="checkbox"/> Delete			
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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:  Amato Conderino 3-13-06 772-579-1339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					