

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90023 041 ***150.00

DOCUMENT # P04000013076					
1. Entity Name ARTSY ABODE, INC.					
Principal Place of Business 4764 RIVER CITY DRIVE JACKSONVILLE, FL 32246 US			Mailing Address 9231 NW 23RD PLACE GAINESVILLE, FL 32606 US		
2. Principal Place of Business Suite, Apt. #, etc. Ste 107		3. Mailing Address 500 NW 43 rd St Suite, Apt. #, etc. Ste 3			
City & State 		City & State Gainesville, FL		4. FEI Number 20-2068678	
Zip 		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYTLE, LEAH E 9231 NW 23RD PLACE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name: Robert W Lytle Street Address (P.O. Box Number is Not Acceptable): 500 NW 43 rd St Suite: 3 City: Gainesville FL Zip Code: 32607		
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: <u>Robert W Lytle</u> DATE: <u>5/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYTLE, LEAH E 9231 NW 23RD PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500 NW 43 rd St Ste 3 Gainesville, FL 32607
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSIN, NEIL H 1144 NW 120TH TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500 NW 43 rd St Ste 3 Gainesville, FL 32607
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYTLE, ROBERT W 9231 NW 23RD PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	500 NW 43 rd St Ste 3 Gainesville, FL 32607
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Robert W Lytle</u>			Date: <u>5/15/06</u> Daytime Phone #: <u>352-379-8220</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					