2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 23, 2006 08:00 AM Secretary of State **DOCUMENT # P04000048166** 1. Entity Name ARTISTIC BUILDING ACCENTS INC. Mailing Address Principal Place of Business 820 SOUTH DIXIE HIGHWAY WEST 820 SOUTH DIXIE HIGHWAY WEST POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 No Chg-P CR2E034 (11/05) 01192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1047061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE RENKO, WILLIAM P 216 NE 14TH AVENUE IN THIS SPACE POMPANO BEACH, FL 33060 5. 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 Signature, typed or printed name of registered agent and title if epolicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 — After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RENKO, WILLIAM NAME 216 N.E. 14TH AVENUE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 TITLE NAME U00000398793 01/31/06-80012-005 150.00 STREET ADDRESS CITY-ST-ZIP T(TLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2IP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 distance 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 enforcement.

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1-19-06

Daytime Phone if