



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90067 014 ***150.00

DOCUMENT # P04000140080 1. Entity Name ART BY KEN, INC.					
Principal Place of Business 4916 BOXWOOD CIRCLE BOYNTON BEACH, FL 33436			Mailing Address 4916 BOXWOOD CIRCLE BOYNTON BEACH, FL 33436		
2. Principal Place of Business 6453 W. Rogers Cir Suite, Apt. #, etc. C-1 City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Address 6453 W. Rogers Cir. Suite, Apt. #, etc. C-1 City & State Boca Raton, FL Zip 33487 Country USA			
03262005 Chg-P CR2E034 (10/03)		4. FEI Number 20-1746642		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FRIEDBERG, KEN 4916 BOXWOOD CIRCLE BOYNTON BEACH, FL 33436			
7. Name and Address of New Registered Agent Name Ken Friedberg Street Address (P.O. Box Number is Not Acceptable) 6453 W. Rogers Cir. City Boca Raton FL Zip Code 33487		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><i>Kenneth J. Friedberg</i></u> PRESIDENT 4-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (Required) Registered Agent signature required when reinstating. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 FRIEDBERG, KEN 4916 BOXWOOD CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6453 W. Rogers Circle Boca Raton, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Kenneth J. Friedberg</i></u> PRESIDENT 4-13-05 581-994-2520 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					