

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
16453 W. Rogers Cir
Suite, Apt. #, etc.
C-1
City & State
Boca Raton, FL
Zip 33487 Country USA

3. Mailing Address
16453 W. Rogers Cir.
Suite, Apt. #, etc.
C-1

City & State
Boca Raton, FL
Zip 33487 Country USA

6. Name and Address of Current Registered Agent
FRIEDBERG, KEN
4916 BOXWOOD CIRCLE
BOYNTON BEACH, FL 33436

03262005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1746642 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name Ken Friedberg
Street Address (P.O. Box Number is Not Acceptable)
16453 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

Signature, typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when reinstating)

DATE

4-13-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$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	6453 W. Rogers Circle Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kenneth J Friedberg* PRESIDENT 4-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-994-2520