2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157469 1. Entity Name					.َ:	ED			
ARTISTIC ILLUSIONS, INC.					08 AP	R 30 PM	2: 02		
Principal Place of Business 6478 SAN CASA BLVD		Mailing Address 6478 SAN CASA BLVD			JUDIK FALLA	CHETARY OF STATE FALLAHASSEE. FLORIDA			
SUITE 3 ENGELWOOD, FL 34224		SUITE 3 ENGELWOOD, FL 34224							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						18 UBILABI 11 IADN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-P	CR2E034 (12/0	06)	
City & State		City & State			4. FEI Number Applied For 20-2198417 Not Applicable				
Zip	Country Zip		Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Req	Additional ulred	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered Agent		
ALL FLORIDA FIRM, INC.				Name Beirely I Anderson					
465 S. VOLUSIA AVE.			Ī	Street Address (P.O. Box Number is Not Acceptable)					
SUITE C	CITY EL 32763	1201		<u> </u>	7501 C	н			
ORANGE CITY, FL 32763				City FL Zip Code 343234					
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 Durily 4 Clinde 4-30-08									
Signature, typed or printegration of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D		11.		ADDITIONS/0	CHANGES TO OFF	FICERS AND DIRECT	ORS IN 11	
TITLE NAME	D ANDERSON, LARRY	☐ Delete	TITLE	I			☐ Chan	ge 🗌 Addition	
STREET ADDRESS	1			ET ADDRESS	-10-60	000	00 015 /	#	
CITY-ST-ZIP				ST-ZIP	0/25/0/	000 d	0000	150.00	
TITLE NAME	D ANDERSON, BEVERLY J.	☐ Delete	TITLE	i i	' /		Chan	ge 🔲 Addition	
STREET ADDRESS				T ADDRESS					
Cłty-St-Zip	ENGLEWOOD, FL 34224		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	!			Chan	ge 🔲 Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS				İ	
CITY-ST-ZIP		•		ST-ZIP					
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CITY-ST-ZIP				ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP	•			T ADDRESS ST-ZIP					
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 eath; that I am an officer or director of 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, withfull other like empowered.									
SIGNATURE: 1 SIGNATURE AND TYPED ON PRINTED HAIRE OF SIGNING OFFICER OR DIRECTOR Date Daysime Phone #									
	- v 1	-							

Àrtistic Illusions By Larry Anderson

6478 San Casa Dr. Unit 3 – Englewood, FL 34224 Work Phone (941) 474-7474

April 30, 2008

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attention: Karen Saly

By error I made 2 payments in 2007 for my annual report, for the amount of \$150.00. As per our conversation on April 30, 2007, you said to send this annual report directly to you and you will make sure that the extra \$150.00 that I paid last year, would be applied to this years annual report. Thank you!

Sincerely

Beverly J. Anderson

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