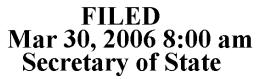
2006 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P05000021189 1. Entity Name ARTISTIC ENDEAVORS INTERNATIONAL, INC							03-30-2006	90016 0	32 ***150).00	
Principal Plac	e of Business	Mailing Address	Mailing Address				041442				
663 AVENUE I NW		717 EAST OAK STREE	717 EAST OAK STREET			qu	032				
WINTER HAVEN, FL 33881 US		KISSIMMEE, FL 3474	KISSIMMEE, FL 34744 US			,					
							COLOL OTHE BOSIN COLE 40			1 00 1 11 1 00 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0	2082006	Chg-P	CR2E	034 (11/05)		
City & State		City & State	City & State		4.	FEI Numbe 20-231			<u> </u>	plied For t Applicable	
Zip Country		Zip	Coun	try	5.		of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Current Registered Agent			1					Fee Require	d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
BRYANT, SHAWN				Charl Address (B.O. Bar Niveber is New Assessable)							
663 AVENUE I NW WINTER HAVEN, FL 33881					Street Address (P.O. Box Number is Not Accept			ie)			
**III	WINTER HAVEN, FL 33001										
				City				Fl	Zip Cod	e	
 The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent. 					egistered a	agent, or bot	h, in the State of F			and accept	
u la colligat	iona or registered agent.										
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature	e required wher	n reinstating)		DATE			
			<u> </u>				*				
Fil.	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor		ncing	\$5.00 Added to	May Be o Fees					
	-		144			NO DITIONS	01/44/050 70 05	EIOEBO ANI	0 DIDEOTOR	2 10 2 2 2	
10.	OFFICERS ANI	D Delete	11. TITLE	F	<i>P</i>	ADDITIONS/	CHANGES TO OF	FICERS AN	☐ Change	Addition	
NAME	BRYANT, SHAWN			NAME					Orange		
STREET ADDRESS	663 AVENUE I NW			ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE	PTD KOVALIC, LESLIE	☐ Delete	TITLE						XXChange	Addition	
NAME STREET ADDRESS	•			TADDRESS 663 Avenue I NE							
CITY-ST-ZIP			CITY	-ST-ZIP	Winter Haven, FL 33881						
TITLE		Delete	TITLE	E					☐ Change	Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '- ST- ZIP							
TITLE		☐ Delete	TITLE	_					☐ Change	☐ Addition	
NAME		Dolois	NAM						0,ugs		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE	I .					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM Stre	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Defete	TITLE	E					☐ Change	Addition	
NAME			NAM								
STREET ADORESS				ET ADDRESS							

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shown Bryant 3/27/06