2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060809

FILED Jan 02, 2007 Secretary of State

Entity Name: ARTISTIK ASSISTANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5178 GREENWOOD STREET NEW PORT RICHEY, FL 34653 LIS **Current Mailing Address: New Mailing Address:** 5178 GREENWOOD STREET NEW PORT RICHEY, FL 34653 US FEI Number: 33-1116599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CRABB, WILLIAM H CRABB, WENDY J 5178 GREENWOOD STREET 5178 GREENWOOD STREET NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653 US US 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. SIGNATURE: WENDY J. CRABB 01/02/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CRABB, WILLIAM H CRABB, CAROL Name: Name: 5178 GREENWOOD STREET 5178 GREENWOOD STREET Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip: NEW PORT RICHEY, FL 34653 US Title: Title: () Delete () Change () Addition Name: CRABB, WENDY J Name: 5178 GREENWOOD STREET Address: Address: NEW PORT RICHEY, FL 34653 US City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition CRABB, CAROL Name: Name: 5178 GREENWOOD STREET Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY J. CRABB D 01/02/2007