## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

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STREET ADDRESS

SIGNATURE: A

FILED

CMray 04, 2007 08:00 A

Secretary of State DOCUMENT # P05000099942 ARTISTIC FAUX CREATIONS INC. Principal Place of Business Mailing Address 10546 LAKE VISTA CIRCLE 10546 LAKE VISTA CIRCLE BOCA RATON, FL 33498 BOCA RATON, FL 33498 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-5367724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ISABELLE, RICHARD DO NOT WRITE 10546 LAKE VISTA CIRCLE. BOCA RATON, FL 33498 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ISABELLE, RICHARD NAME 10546 LAKE VISTA CIRCLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TITLE U00000761595 05/25/07-80061-013 158.75 NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR