2007 FOR PROFIT CORPORATION

FILED May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P05000102998** 1. Entity Name CUSTOM ARTWORKS, INC. Principal Place of Business Mailing Address 2041 8TH STREET 2041 8TH STREET SARASOTA, FL. 34237 SARASOTA, FL 34237 CR2E034 (11/05) 03272007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>20-3</u>197268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAXTER, CHARLES B DO NOT WRITE 2041 8TH STREET SARASOTA, FL 34237 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. DATE 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BAXTER, CHARLES B NAME 2041 8TH STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000756152 STREET ADDRESS 05/23/07-80020-009 150.00 CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 it 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:

STREET ADDRESS CITY-ST-ZIP

of SIGNING OFFICER OR DIRECTOR

Daytime Phone #