2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105454

Entity Name: ARTISTIC RESTORATION CO., INC.

FILED May 17, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

7410 S. US HWY 1 7410 S. US HWY 1 SUITE104 7410 S. US HWY 1

PORT ST. LUICE, FL 34952 PORT ST. LUCIE, FL 34952

Current Mailing Address: New Mailing Address:

7410 S. US HWY 1 7410 S. US HWY 1 SUITE104 7410 S. US HWY 1

PORT ST. LUICE, FL 34952 PORT ST. LUCIE, FL 34952

FEI Number: 14-1936610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHONG, BENJAMIN
740 S.W ST. CROIX COVE
PORT ST. LUICE, FL 34986 US
CHONG, BENJAMIN
740 S.W ST. CROIX COVE
PORT ST. LUICE, FL 34986 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: BENJAMIN CHONG 05/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.P. () Delete Title: () Change () Addition

 Name:
 CANNON, KENNETH
 Name:

 Address:
 711 NETTLES BLVD.
 Address:

 City-St-Zip:
 NETTLES ISLAND, FL 34957
 City-St-Zip:

Title: DVPT () Delete Title: DVPT (X) Change () Addition
Name: CHONG BENJAMIN Name: CHONG BENJAMIN

 Name:
 CHONG, BENJAMIN
 Name:
 CHONG, BENJAMIN

 Address:
 740 S.W ST. CROIX COVE
 Address:
 740 S.W ST. CROIX COVE

 City-St-Zip:
 PORT ST. LUICE, FL 34986
 City-St-Zip:
 PORT ST. LUCIE, FL 34986

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: BENJAMIN CHONG DVPT 05/17/2006