2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P05000129752 04-17-2006 90381 010 ***150.00 ART ACQUISITION II, INC. Principal Place of Business Mailing Address MODIANA 1934 COMMERCE LANE 1934 COMMERCE LANE SUITE 2 SUITE 2 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 320 Worth Avenue 320 Worth Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 01052006 Chq-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 84-1695242 Palm Beach, Florida Palm Beach, Florida Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33480 33480 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELDIN, KEITH A Street Address (P.O. Box Number is Not Acceptable) 1934 COMMERCE LANE SUITE 2 JUPITER, FL 33458 Zip Code City 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 utle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE D/P/T * Change ☐ Addition NAME AMANN, JOHN R JR. NAME AMANN, JOHN R. JR. STREET ADDRESS 320 WORTH AVENUE STREET ADDRESS 320 Worth Avenue CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Palm Beach, FL 33480 Delete TITLE 📆 Change Addition D/VP/S NAME AMANN, CYNTHIA C AMANN, CYNTHIA C. STREET ADDRESS 320 WORTH AVENUE STREET ADDRESS 320 Worth Avenue CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Palm Beach, FL 33480 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HTLE ☐ Delete HILE ☐ Change Madition [NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby 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 11.4 changed, or on an attackment with an address, with all other like empowered.

FILED

1/10/06

(561) 832-6311

Daytime Phone #