2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000129752 05-03-2007 90070 014 ***150.00 ART ACQUISITION II, INC. 40104381 Principal Place of Business Mailing Address 320 WORTH AVE 320 WORTH AVE PALM BEACH, FL 33480 PALM BEACH, FL 33480 Mailing Address Business - No P.O. Box Huchup onth Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Cha-P CR2E034 (12/06) Applied For 4. FEI Number 84-1695242 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE:IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE DPT □ Delete TITLE Change ☐ Addition AMANN, JOHN R. JR 318 WORTH AVENUE AMANN, JOHN R JR. NAME NAME 320 WORTH AVENUE STREET ADDRESS STREET ADDRESS 33480 CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP PALM BOACH FL DVPS ☐ Delete TITI F ☐ Addition TITLE AMANN, CYNTHIA C. 312 WORTH AVENUE AMANN, CYNTHIA C NAME NAME 320 WORTH AVENUE STREET ADDRESS STREET ADDRESS 33480 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 of thus the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachi dress, with all other like empowered.

FILED May 03, 2007 8:00 am