


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 045 ***150.00

DOCUMENT # P06000009211	
1. Entity Name ARTISTIC DESIGN AND RESURFACING INC.	

Principal Place of Business 10700 BELO HORIZONTE AVENUE CLERMONT, FL 34711-6319	Mailing Address 10700 BELO HORIZONTE AVENUE CLERMONT, FL 34711-6319
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40124300



2. Principal Place of Business - No P.O. Box # 11811 RidgeView Circle	3. Mailing Address 11811 RidgeView Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07062007 Chg-P CR2E034 (12/06)

City & State Clermont FL	City & State Clermont FL
Zip 34711	Country USA
Country USA	Zip 34711

4. FEI Number 75-3208746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FELICE, BERNARD L 10700 BELO HORIZONTE AVENUE CLERMONT, FL 34711-6319	
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7. Name and Address of New Registered Agent Name Bernard L. Felice Street Address (P.O. Box Number is Not Acceptable) 11811 RidgeView Circle City Clermont FL Zip Code 34711	
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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.) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELICE, BERNARD L 10700 BELO HORIZONTE AVENUE CLERMONT, FL 347116319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELICE, MICHAEL A 10700 BELO HORIZONTE AVENUE CLERMONT, FL 347116319 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11811 RidgeView Circle Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7/6/07** **352-430-4556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #