

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051795

Entity Name: ARTISAN DESIGN GROUP, INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

820 S CR 427
UNIT 130
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

820 S CR 427
UNIT 130
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 20-4680306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENDREAU, ARTHUR G
820 S CR 427
UNIT 130
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GENDREAU, ARTHUR G
Address: 1938 HIDDEN PINE LANE
City-St-Zip: APOPKA, FL 32812 US

Title: VP () Delete
Name: TUCKER, SHAWN
Address: 2474 DRESDEN TRAIL
City-St-Zip: APOPKA, FL 32712 US

Title: AVP () Delete
Name: ATKINS, LARRY
Address: 924 BRENTWOOD DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: S () Delete
Name: COROMINAS, GERSON
Address: 1661 PALM BEACH DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: T () Delete
Name: SPRIGGS, JULIE
Address: 324 E. HILLCREST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR GENDREAU

P/D

05/01/2007

Electronic Signature of Signing Officer or Director

Date