## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 29, 2008 08:00 AM Secretary of State DOCUMENT # P06000101586 TESS ART GROUP, INC. Principal Place of Business Mailing Address 3020 NORTH FEDERAL HWY 3020 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1141809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NADEAU, DENIS 3020 NORTH FEDERAL HWY IN THIS SPACE FORT LAUDERDALE, FL 33306 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NADEAU, DENIS NAME 3020 NORTH FEDERAL HWY #7 STREET ADDRESS CITY-ST-ZIP FORT LAUDRDALE, FL 33306 TITLE NAME U00000843514 03/11/08-80072-021 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 optrusted 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 attachme ess, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #