

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030630

Entity Name: ARTISTIC COVERINGS INC.

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1685 TIMOCUAN WAY  
117  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

500 SERENITY PLACE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 26-2247000

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUDAKWASHE, OKITO W  
108 SUGAR MAPLE COURT  
SANFORD, FL 32773 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KUDAKWASHE, VIOLET V  
Address: 500 SERENITY PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP  
Name: KUDAKWASHE, MUTEMA F  
Address: 500 SERENITY PLACE  
City-St-Zip: LAKE MARY, FL 32746

Title: VP  
Name: KUDAKWASHE, OKITO W  
Address: 108 SUGAR MAPLE COURT  
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: VIOLET KUDAKWASHE

P

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date