


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000067281 1. Entity Name ARTISTIC WOOD CARVING, INC.					
Principal Place of Business 915 HARBOR LAKE COURT SAFETY HARBOR FL 34621			Mailing Address 915 HARBOR LAKE COURT SAFETY HARBOR FL 34621		
2. Principal Place of Business...		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3202948 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASKALIDIS, LAZARUS 915 HARBOR LAKE CT SAFETY HARBOR FL 34695				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PASKALIDIS, SOKRATIS 915 HARBOR LAKE COURT SAFETY HARBOR FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 1100000273598 03/23/05-80035-001 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PASKALIDIS, EUGENIA 915 HARBOR LAKE COURT SAFETY HARBOR FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZARUS PASKALIDIS 915 HARBOR LAKE COURT SAFETY HARBOR FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>L. Paskalidis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Lazarus Paskalidis		2-1-05 <small>Date</small>
			727-797-1855 <small>Daytime Phone #</small>		



1st MOORE CR2E034 (10/04)