

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 038 ***150.00

DOCUMENT # P96000050937				
1. Entity Name ARTISTIQUE PLASTERING, INC.				
Principal Place of Business 1107 SW SPRUCE ST PALM CITY, FL 34990 US		Mailing Address 1107 SW SPRUCE CT PALM CITY, FL 34990 US		
2. Principal Place of Business - No P.O. Box # 735 SE MONTEREY RD		3. Mailing Address 735 SE MONTEREY RD		
Suite, Apt. #, etc #7		Suite, Apt. #, etc #7		
City & State STUART, FLORIDA		City & State STUART, FLORIDA		
Zip 34994		Country MARTIN		4. FEI Number 65-0677144
Zip 34994		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JENSEN, MARK 1107 SW SPRUCE STREET PALM CITY, FL 34990			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when transferring.) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D JENSEN, SCOTT 7892 SWAN AVENUE PORT ST LUCIE, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMPLE, SCOTT 5110 SEAGRAPE DR FT PIERCE, FL 34982	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENSEN, MARK 1107 SW SPRUCE STREET PALM CITY, FL 34990	<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		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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: <u>Mark Jensen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				
			<small>Date: _____ Daytime Phone # _____</small>	