

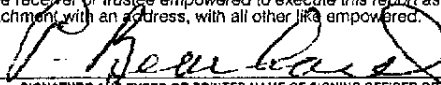


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000068869			
1. Entity Name BHD ARTWORKS, CORP.			
Principal Place of Business 5345 TOSCANA TRAIL BOYNTON BEACH, FL 33437		Mailing Address 5345 TOSCANA TRAIL BOYNTON BEACH, FL 33437 US	
DO NOT WRITE IN THIS SPACE			
		 01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0687314	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, WARREN K 5345 TOSCANA TRAIL BOYNTON BEACH, FL 33437		DO NOT WRITE IN THIS SPACE	
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 signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			
TITLE	SD		
NAME	BERNHARD, PETER		
STREET ADDRESS	435 FLAX HILL RD		
CITY- ST- ZIP	NORWALK, CT 06854		
TITLE	PTD		
NAME	BERNHARD, KARL		
STREET ADDRESS	RT 1 CHASEROAD BOX 552		
CITY- ST- ZIP	AFTON, NY 137309773		
TITLE	D		
NAME	BERNHARD, WOODY		
STREET ADDRESS	1196 LOWER DOVER RD.		
CITY- ST- ZIP	BRATTLEBORO, VT 05301		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		3-21-06 203 952-6910 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			