2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM

Principal Place of Business 74 I NW 54TH ST 75 I NW 54TH ST 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM, FL 33127 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM, FL 33127 77 I NW 54TH ST 76 I NAMM STH ST 77 I NW 54TH	DOCUMENT # P96000074091 1. Entity Name DESK ART, INC.				Secretary of State	
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WALDMAN & FELUREN, P.A. ONE FINANCIAL PLAZA SUITE 1500 FT LAUDERDALE, FL 33394 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, byed or printed name of registered agent and dive if applicable PILE NOW!!! FER IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II TIME TO WYSS, THOMAS C TATINUS 5TH ST GIP'-ST-ZIP MIAMI, FL 33127 TIME PD Delete TIME PARDIKER, DAVID J NAME HARDIKER, DAVID J NAME HARDIKER, DAVID J NAME HARDIKER, DAVID J NAME HARDIKER, DAVID J NAME STREET ADDRESS TIME ADDRESS TIME ADDRESS TIME ADDRESS TIME ADDRESS TIME ADDRESS TAT NW 54TH ST STREET ADDRESS TIME ADD		6. Name and Address of Currer	nt Registered Agent	<u> </u>	<u> </u>	
Street Address (P.O. Box Number is Not Acceptable) FI LAUDERDALE, FL 33394 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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 their applicable (NOTE Registered Agent signature required when refreshing) After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME TIDE WYSS, THOMAS C STREET ADDRESS CITY-ST-ZIP MIAMIE WYSS, THOMAS C STREET ADDRESS CITY-ST-ZIP MIAMIE HARDIKER, DAVID J STREET ADDRESS CITY-ST-ZIP MIAMIE JOHNSON, BRIAN T STREET ADDRESS TITLE SIREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE MAME JOHNSON, BRIAN T STREET ADDRESS STREE	3444 53444	NO ECHIDEN DA		Name		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address with all other like empowered.

SIGNATURE:

- 305-75678.