2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104170

FILED Apr 29, 2006 Secretary of State

Entity Name: ARTISTIC SURROUNDINGS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
21301 S TAMIAMI TR STE 440	
Current Mailing Address:	Principal Place of Business: TAMIAMI TR D, FL 33928 US Mailing Address: New Mailing Address: TAMIAMI TR D, FL 33928 US Mailing Address: New Mailing Address: TAMIAMI TR D, FL 33928 US PER Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Ind Address of Current Registered Agent: Name and Address of New Registered Agent: ANN LAW GROUP CORREGOR BLVD STE 9 YERS, FL 33919 US PROVED TO THE PROVING STE OF THE PROVING STE
21301 S TAMIAMI TR STE 440 ESTERO, FL 33928 US	
FEI Number: 59-3418538 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SCHUMANN LAW GROUP 13141 MCGREGOR BLVD STE 9 FORT MYERS, FL 33919 US	
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered A	gent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete	Title: D (X) Change () Addition

ESTERO, FL 33928

City-St-Zip:

Name: TOMPKINS, THOMAS Name: TOMPKINS, THOMAS 24761 PENNEY ROYAL DR 1421 18TH AVE NE Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL 34120 Title: () Delete Title: (X) Change () Addition TOMPKINS, CATHERINE TOMPKINS, CATHERINE Name: Name: Address: 24761 PENNEY ROYAL DR Address: 1421 18TH AVE NE BONITA SPRINGS, FL 34134 NAPLES, FL 34120 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: GABRIEL, LISA Name: GABRIEL, LISA Address: 23141 N LANDING BLVD Address: 5432 WHISPERING WILLOW WAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

FORT MYERS, FL 33908

SIGNATURE: LISA GABRIEL 04/29/2006 D