2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104170

GABRIEL, LISA

5432 WHISPERING WILLOW WAY

FORT MYERS, FL 33908

Name:

Address: City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: ARTISTIC SURROUNDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 21301 S TAMIAMI TR STE 440 ESTERO, FL 33928 **New Mailing Address: Current Mailing Address:** 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 SCHUMANN LAW GROUP 3461 BONITA BAY BLVD. 13141 MCGREGOR BLVD STE 9 FORT MYERS, FL 33919 SUITE #201 BONITA SPRINGS, FL 34134 US 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. SIGNATURE: 04/26/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TOMPKINS, THOMAS Name: Name: 1421 18TH AVE NE Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: Title: () Change () Addition () Delete Name: TOMPKINS, CATHERINE Name: 1421 18TH AVE NE Address: Address: NAPLES, FL 34120 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA A. GABRIEL 04/26/2007 D