


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90063 008 ***150.00

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| DOCUMENT # P98000015141 |  |
| 1. Entity Name ART & POSTERS WORLDWIDE INC | |

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|---|---|
| Principal Place of Business 500 NE 3RD STREET SUITE 106 HALLANDALE, FL 33009 US | Mailing Address 500 NE 3RD STREET SUITE 106 HALLANDALE, FL 33009 US |
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| 2. Principal Place of Business 2761 Ocean Club Dr. Suite, Apt. #, etc. #106 City & State Hollywood, FL Zip 33019 Country USA | 3. Mailing Address 2761 Ocean Club Dr. Suite, Apt. #, etc. #106 City & State Hollywood, FL Zip 33019 Country USA |
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01032005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0811199 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent PATRICK, VIVIES 700 E. DANIA BEACH BLVD SUITE #202 DANIA, FL 33004 | |
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7. Name and Address of New Registered Agent

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| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUMAS, ROBERT 500 NE 3RD STREET #106 HALLANDALE, FL 33009 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dumas Robert 2761 Ocean Club Blvd. #106 Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 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:  **03/24/05**

Date Daytime Phone #