2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# P99000039190

Entity Name: ARTISTIC TREASURES, INC.

Current Principal Place of Business:

280 S STATE RD 434, STE 1048
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

280 S STATE RD 434,
SUITE 1049
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

280 S STATE RD 434, STE 1048
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

280 S STATE RD 434,
SUITE 1049
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3053255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEFFER, MICHELLE
280 S STATE RD 434, STE 1048
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

CHEFFER, MICHELLE
280 S STATE RD 434,
SUITE 1049
ALTAMONTE SPRINGS, FL 32714 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: MICHELLE CHEFFER 10/21/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CHEFFER, MICHELLE
Address: 280 S STATE RD 434, STE 1048
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: CHEFFER, MICHELLE
Address: 280 S STATE RD 434, STE 1049
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

SIGNATURE: MICHELLE CHEFFER PSTD 10/21/2004
Electronic Signature of Signing Officer or Director Date