2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 10, 2008 08:00 A DOCUMENT # P99000069715 Secretary of State ART TECH BUILDERS, INC. Principal Place of Business Mailing Address 1620 NW 111TH AVENUE 1620 NW 111TH AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business - No P.C. Box # 3. Mailing Arteross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0953783 Not Applicable Zip Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCARFO, ELAINE A Street Address (P.O. Box Number is Not Acceptable) **1620 NW 111TH AVENUE** CORAL SPRINGS FL 33071 City 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 congations of registered agent. SIGNATURE. Signature, typed or prished name of registered agent and the 1 amplication fNOTE. Registered Agent a genture required when reinstate gr DATE FILE-NOW!!!- FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE Change ☐ Addition NAME SCARFO, ELAINE A NAME U00000851968 03/26/08-80009-010 150.00 STREET ADDRESS 1620 NW 111 AVE STREET ADORESS CORAL SPRINGS FL 33071 CITY- ST-ZIP CITY-ST-ZIP TITLE Derete TITLE Addition NAME SCARFO, DOMINICK HAIME STREET ADDRESS 1620 NW 111 AVE STREET ADDRESS 011Y-31-71P CORAL SPRINGS FL 33071 CITY-ST-ZIP 11035 Defete THE Change ☐ Addition NAME NAME SCARFO, LINDSAY STREET ADDRESS STREET ADORESS 8086 PRINCESS PALM CIRCLE CITY-ST-ZIP City-St-ZIP TAMARAC FL 33321 TITLE De ete TITLE ☐ Change ☐ Addition CUSAC, DOMINIQUE NAME NAME 8955 N.W. 18TH ST. STREET ADDRESS STREE! ADDRESS CITY-S1-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Derete Change TITLE TITLE Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 efficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 954-752-6451