

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003618

FILED
Jan 15, 2007
Secretary of State

Entity Name: ENRICHMENT THROUGH THE ARTS, INC.

Current Principal Place of Business:

11 BORMAN AVENUE
STATEN ISLAND, NY 10314

New Principal Place of Business:

Current Mailing Address:

11 BORMAN AVENUE
STATEN ISLAND, NY 10314

New Mailing Address:

FEI Number: 11-3051230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, JUDY
572 DURHAM T
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHNEIDER, JUDY
Address: 72 GOVERNOR RD
City-St-Zip: STATEN ISLAND, NY 10314

Title: D () Delete
Name: HARTJE, MAUREEN
Address: 87 NEWTON ST
City-St-Zip: STATEN ISLAND, NY 10312

Title: P () Delete
Name: SCHNEIDER, TED
Address: 240 ELVERTON AVE
City-St-Zip: STATEN ISLAND, NY 10308

Title: VP () Delete
Name: LILENFELD, ALLAN
Address: 6331 S.W. 186TH WAY
City-St-Zip: SOUTHWEST RANCHES, FL

Title: S () Delete
Name: HOTTA, SHUSAK
Address: 140 WILSON AVE
City-St-Zip: STATEN ISLAND, NY 10308

Title: T () Delete
Name: WALTER, CLIFFORD
Address: 248 ELVERTON AVENUE
City-St-Zip: STATEN ISLAND, NY 10308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY V. BRUNO

CPA

01/15/2007

Electronic Signature of Signing Officer or Director

Date