

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006792

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: ART BOUNDARIES UNLIMITED, INC.

**Current Principal Place of Business:**

4225 WOODHALL CIRCLE  
VIERA, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

44 NORTH OHIOVILLE ROAD  
NEW PALTZ, NY 12561

**New Mailing Address:**

FEI Number: 01-0751582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWARDS, MICHAEL J  
4225 WOODHALL CIRCLE  
VIERA, FL, FL 32955 US

**Name and Address of New Registered Agent:**

EDWARDS, MICHAEL J  
4225 WOODHALL CIRCLE  
VIERA, FL 32955 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: \_\_\_\_\_

04/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONZALEZ, ANITA L  
Address: 44 NORTH OHIOVILLE ROAD  
City-St-Zip: NEW PALTZ, NY 12561

Title: VT ( ) Delete  
Name: DIEHL, JOHN R  
Address: 44 NORTH OHIOVILLE ROAD  
City-St-Zip: NEW PALTZ, NY 12561

Title: D ( ) Delete  
Name: LAUBER, KEN  
Address: P.O. BOX 613  
City-St-Zip: LAKEVILLE, CT 06039

Title: S ( ) Delete  
Name: EDWARDS, MICHAEL J  
Address: 4225 WOODHALL CIRCLE  
City-St-Zip: VIERA, FL 32955

Title: D ( ) Delete  
Name: SCARZAFAZA, NETTIE JEAN  
Address: 48 DIETZ STREET, SUITE C  
City-St-Zip: ONEONTA, NY 13820

**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:

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

SIGNATURE: JOHN R DIEHL

VT

04/01/2009

Electronic Signature of Signing Officer or Director

Date