2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P08000066685

Entity Name: ARTLURKER, INC

Current Principal Place of Business:	**New Principal Place of Business:**
701 NE 67TH STREET APT 2 MIAMI, FL 33138 US	8550 NE 4TH AVENUE MIAMI, FL 33138 US

Current Mailing Address:	**New Mailing Address:**
701 NE 67TH STREET APT 2 MIAMI, FL 33138 US	8550 NE 4TH AVENUE MIAMI, FL 33138 US

FEI Number: 90-0400745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HOLLINGWORTH, THOMAS MR. 701 NE 67TH STREET APT 2 MIAMI, FL 33138 US	HOLLINGWORTH, THOMAS MR. 8550 NE 4TH AVENUE MIAMI, FL 33138 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: THOMAS HOLLINGWORTH 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P ( ) Delete	Title:	P (X) Change ( ) Addition
Name:	HOLLINGWORTH, THOMAS MR.	Name:	HOLLINGWORTH, THOMAS MR.
Address:	701 NE 67TH STREET	Address:	8550 NE 4TH AVENUE
City-St-Zip:	MIAMI, FL 33138 US	City-St-Zip:	MIAMI, FL 33138 US
Title:	VP ( ) Delete	Title:	VP (X) Change ( ) Addition
Name:	KRUSE, SAMANTHA L MRS.	Name:	KRUSE, SAMANTHA L MRS.
Address:	701 NE 67TH STREET	Address:	8550 NE 4TH AVENUE
City-St-Zip:	MIAMI, FL 33138 US	City-St-Zip:	MIAMI, FL 33138 US

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

SIGNATURE: THOMAS HOLLINGWORTH P 01/20/2009
Electronic Signature of Signing Officer or Director Date