## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003814

FILED Apr 18, 2006 Secretary of State

Entity Name: ARTSOUTH, A NOT-FOR-PROFIT CORPORATION

		e of Business:	New Principal Plac	New Principal Place of Business:	
240 N KRO	DME AVE EAD, FL 3303	0			
	_,,_,, 0000	•			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
240 N KRO HOMESTE	DME AVE EAD, FL 3303	0			
FEI Number	: 65-1016544	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:	
1132 VALE	ERMAN, ELLI ENCIA AVENU ABLES, FL 33	JE			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUI					
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Title:	,	) Delete	Title:	( ) Change ( ) Addition	
Address:	SCHNEIDERN 1132 VALENC CORAL GABL	IA AVENUE	Name: Address: City-St-Zip:		
Address: City-St-Zip: Title: Name: Address:	1132 VALENC CORAL GABL C ( KIRK, STEVEI P.O. BOX 343	IA AVENUE ES, FL 33134 ) Delete N	Address:	( ) Change ( ) Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	1132 VALENC CORAL GABL C ( KIRK, STEVEI P.O. BOX 343 FERNANDINA	IA AVENUE ES, FL 33134  ) Delete N 529 BEACH, FL 32034  ) Delete ANLEY N AVENUE	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip:	1132 VALENC CORAL GABL C (KIRK, STEVEN P.O. BOX 343 FERNANDINA D (LEVINE, I. STA 3333 GARDEN MIAMI BEACH VC (SALGADO, CA 240 N KROME	IA AVENUE ES, FL 33134  ) Delete N 529 BEACH, FL 32034  ) Delete ANLEY N AVENUE , FL 33140  ) Delete ARLOS E AVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	1132 VALENC CORAL GABL C (KIRK, STEVEI P.O. BOX 343 FERNANDINA D (LEVINE, I. ST/ 3333 GARDEN MIAMI BEACH VC (SALGADO, CA 240 N KROME HOMESTEAD,	IA AVENUE ES, FL 33134  ) Delete N 529 BEACH, FL 32034  ) Delete ANLEY N AVENUE , FL 33140  ) Delete ARLOS E AVE FL 33030  ) Delete VONNE 9AVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	( ) Change ( ) Addition	

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: CARLOS SALGADO VC 04/18/2006