

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006792

FILED
Aug 26, 2006
Secretary of State

Entity Name: ART BOUNDARIES UNLIMITED, INC.

Current Principal Place of Business:

6451 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GONZALEZ, ANITA
6451 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S () Delete
Name: DAHL, MARY KAREN
Address: 3345 LAKESHORE DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ASHER, EVA
Address: 6451 COASTAL HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

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: JOHN DIEHL

VT

08/26/2006

Electronic Signature of Signing Officer or Director

Date