2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006792

Entity Name: ART BOUNDARIES UNLIMITED, INC.

FILED Mar 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

6451 COASTAL HIGHWAY 4225 WOODHALL CIRCLE CRAWFORDVILLE, FL 32327 VIERA, FL 32955

Current Mailing Address: New Mailing Address:

44 NORTH OHIOVILLE ROAD NEW PALTZ, NY 12561

FEI Number: 01-0751582 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:

GONZALEZ, ANITA EDWARDS, MICHAEL J 6451 COASTAL HIGHWAY 4225 WOODHALL CIRCLE CRAWFORDVILLE, FL 32327 US VIERA, FL, FL 32955

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: MICHAEL J EDWARDS 03/04/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Delete Title: (X) Change () Addition

DIEHL, JOHN FO Name: DIEHL, JOHN R Name:

Address: 44 NORTH OHIOVILLE ROAD Address: 44 NORTH OHIOVILLE ROAD City-St-Zip: NEW PALTZ, NY 12561 City-St-Zip: NEW PALTZ, NY 12561

Title: () Delete Title: (X) Change () Addition DAHL, MARY KAREN Name: DAHL, MARY KAREN Name:

3345 LAKESHORE DRIVE EAST 3345 LAKESHORE DRIVE EAST Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312

() Delete Title: Title: (X) Change () Addition

ASHER, EVA Name: Name: EDWARDS, MICHAEL J 4225 WOODHALL CIRCLE Address: 6451 COASTAL HWY Address:

City-St-Zip: CRAWFORDVILLE, FL 32327 City-St-Zip: VIERA, FL 32955

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

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 R DIEHL VT 03/04/2007