2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003874

Title:

Name:

Address:

City-St-Zip:

F-4:4 No---- OOD INNEST IN THE ART

FILED May 22, 2008 Secretary of State

Entity Name: S.S.B. INVEST IN THE ARTS INC. **Current Principal Place of Business: New Principal Place of Business:** 6919 BROWARD BLVD, STE 257 PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 6919 BROWARD BLVD, STE 257 PLANTATION, FL 33317 FEI Number: 03-0540635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: VEASY, DANIEL 4709 NW 9TH DRIVE PLANTATION, FL 33317 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Change () Addition () Delete VEASY, DANIEL Name: Name: Address: 4709 NW 4TH DR, Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ELLISON, TIAYA Name: Address: 1541 NW 32ND AVE Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition REDDICK, DON E Name: Name: Address: 460 SW 35TH TER. Address: City-St-Zip: FT. LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VEASY, NEDRA Name: Address: 4709 NW 9TH DR Address: City-St-Zip: PLANTATION, FL 33317 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL CHINNERY D 05/22/2008

() Delete

CHINNERY, MICHAEL

BOYTON BEACH, FL 33236

163 ORANGE DR

() Change () Addition