2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005550

Entity Name: ART SMART BOOSTER CLUB, INC.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1111 BRICKELL AVENUE **SUITE 2150** MIAMI, FL 33131

11820 NW 37 STREET CORAL SPRINGS, FL 33065

Current Mailing Address:

New Mailing Address:

1111 BRICKELL AVENUE **SUITE 2150**

11820 NW 37 STREET

MIAMI, FL 33131

CORAL SPRINGS, FL 33065

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BAUMAN, BRYAN W 1111 BRICKELL AVENUE **SUITE 2150**

BAUMAN, BRYAN W 11820 NW 37TH STREET

CORAL SPRINGS, FL 33065

US

MIAMI, FL 33131 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:

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

BAUMAN, BRYAN W Name:

Address: 1111 BRICKELL AVENUE SUITE 2150

City-St-Zip: MIAMI, FL 33131

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

BAUMAN, ROBIN R Name: Address: 6611 WEDGEWOOD AVENUE

City-St-Zip: **DAVIE, FL 33331**

Title: () Delete RAABE, ARLENE Name:

19347 S.W. 65TH STREET Address: City-St-Zip: PEMBROKE PINES, FL 33332

(X) Change () Addition Name:

BAUMAN, BRYAN W

Address: 11820 NW 37 STREET City-St-Zip: CORAL SPRINGS, FL 33065

Name: Address:

Title: Name:

City-St-Zip:

() Change () Addition

Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRYAN W. BAUMAN D