

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010311

FILED
Apr 29, 2009
Secretary of State

Entity Name: ARTSTART, INC.

Current Principal Place of Business:

750 CEDAR COVE RD.
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

750 CEDAR COVE RD.
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 84-1665568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSSI, JEANNETTE P
750 CEDAR COVE RD.
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: PARSSI, JEANNETTE P
Address: 750 CEDAR COVE RD.
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: AZNARAN, LISA M
Address: 168 DRUM HILL RD.
City-St-Zip: WILTON, CT 06897

Title: D () Delete
Name: UNDERWOOD, WILLIAM D
Address: 13833 WELLINGTON TRACE, #424-E4
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: AFSHARIMEHR, FARSHAD
Address: 215 S. OLIVE AVE, #300
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: REYELT, JAMES
Address: 128 RIVERSIDE DR
City-St-Zip: RIVERSIDE, RI 02915

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:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JEANNETTE P PARSSI

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date