

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010050

FILED
May 01, 2008
Secretary of State

Entity Name: ARTISTIC OUTREACH, INC.

Current Principal Place of Business:

515 SOUTHWEST 1 AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

515 SOUTHWEST 1 AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-0277887 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:

WOLFER, ROBIN
515 SOUTHWEST 1 AVENUE
FORT LAUDERDALE, FL 33301 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: DIR () Delete
Name: ALEXANDER, PAMELA H
Address: 515 SOUTHWEST 1 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DIR () Delete
Name: WOLFER, ROBIN
Address: 515 SOUTHWEST 1 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DIR () Delete
Name: BIGLER, KRISTI
Address: 1103 SW 15 AVENUE #6
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: DIR (X) Change () Addition
Name: PARRISH, KAYLIN
Address: 515 SW 1 AVE
City-St-Zip: FORT LAUDERDALE, FL 33301

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: ROBIN WOLFER

DIR

05/01/2008

Electronic Signature of Signing Officer or Director

Date