2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011288

FILED Mar 27, 2009 Secretary of State

Entity Name: ART-BREAKERS, ARTISTS FOR THE CAUSE, INC.

_nary man	ME. ART-DREAR	ERS, ARTISTS FOR THE (SAUSE, INC.			
Current Principal Place of Business:			New P	New Principal Place of Business:		
C/O HOLBORN GALLERY, 134 RIBERIA STREET				217 DESOTO ROAD ST. AUGUSTINE, FL 32080 US		
SUITE 5 ST. AUGU	ISTINE, FL 32084	US	51. AU	GUSTINE, FL 3208	30 US	
Current Mailing Address:			New M	New Mailing Address:		
P.O. BOX ST. AUGU	840066 ISTINE, FL 32080	US				
FEI Number	: 20-8272103 F	El 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:		
FITTS, PIER C/O HOLBORN GALLERY, 134 RIBERIA STREET SUITE 5 ST. AUGUSTINE, FL 32084 US			217 DÉ ST. AU	FITTS, PIER 217 DESOTO ROAD ST. AUGUSTINE, FL 32080 US		
	named entity sub e of Florida.	mits this statement for the p	ourpose of changi	ng its registered offi	ce or registered agent, or both,	
SIGNATURE:					03/27/2009	
	Electronic S	Signature of Registered Age	ent		Date	
OFFICER	S AND DIRECTO	RS:	ADDIT	IONS/CHANGES T	O OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:		LLERY, 134 RIBERIA, SUITE 5	Title: Name: Address: City-St-Z	FITTS, PIER 217 DESOTO RO		
Title: Name: Address: City-St-Zip:	D () Delete JUSTICE, KEITH DR. 9 SAN BARTOLA DRIVE : ST. AUGUSTINE, FL 32086 US		Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Z			
Title: Name: Address: City-St-Zip:	D () Del JONES, GAYE 1054 STATE ROAD ST. AUGUSTINE, F	206 EAST, SUITE H	Title: Name: Address: City-St-Z	JONES, GAYE 850 A1A BEACH E	· , 3 · ,	
Title: Name: Address: City-St-Zip:	() Del	ete	Title: Name: Address: City-St-Z	GRAZIER, CHERY 110 OCEAN HOLL	LOW LANE # 311	

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: PIER FITTS P 03/27/2009