2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N93000002294

Entity Name: ARTEL, INC.

Current Principal Place of Business:

505 S ADAMS ST
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

ARTEL, INC
P O BOX 704
PENSACOLA, FL 325910704 US

New Mailing Address:

FEI Number: 59-3184383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVARONA, ELOISE L
2942 CORAL STRIP PKWY
GULF BREEZE, FL 32563 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: TD ( ) Delete
Name: WEANER, RITA
Address: 3035 OAK POINTE DR.
City-St-Zip: PENSACOLA, FL 32505

Title: PD ( ) Delete
Name: DEVARONA, ELOISE L
Address: 2942 CORAL STRIP PKWY
City-St-Zip: GULF BREEZE, FL 32563 US

Title: SD ( ) Delete
Name: HANSON-GROW, FRANCES
Address: 1060 FT PICKENS ROAD
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VPD ( ) Delete
Name: HARRIS, JEAN
Address: P O BOX 185
City-St-Zip: GULF BREEZE, FL 32562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: YOUNG, AUDREY
Address: 5121 NORTH 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

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: ELOISE LAUTIER DE VARONA PRES 01/28/2009
Electronic Signature of Signing Officer or Director — Date