

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 02, 2010**  
**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:**223 PALAFOX PLACE  
PENSACOLA, FL 32502 US**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 (X)****Name and Address of Current Registered Agent:**ROBBERT, SUZANNE N  
454 MAN O WAR CIRCLE  
CANTONMENT, FL 32533 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  
**Name:** YOUNG, AUDREY  
**Address:** 5121 NORTH 12TH AVENUE  
**City-St-Zip:** PENSACOLA, FL 32504**Title:** PD  
**Name:** ROBBERT, SUZANNE N  
**Address:** 454 MAN O WAR CIRCLE  
**City-St-Zip:** CANTONMENT, FL 32533 US**Title:** SD  
**Name:** HANSON-GROW, FRANCES  
**Address:** 1060 FT PICKENS ROAD  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE N ROBBERT

PD

06/02/2010

Electronic Signature of Signing Officer or Director

Date