2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005011

1. Entity Name
ARTSTAGE, INC.

Principal Place of Business	Mailing Address
185 EAST INDIANTOWN ROAD SUITE 203 JUPITER, FL 33477	185 EAST INDIANTOWN ROAD SUITE 203 JUPITER, FL 33477

03082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0898583
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WOODIE H III
1603 VISION DRIVE
PALM BEACH GARDENS, FL 33418

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITE, LINDA A
STREET ADDRESS	17212 126TH TERRACE NORTH
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	ANGEL, HELEN
STREET ADDRESS	17130 127TH DRIVE NORTH
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D
NAME	RUSSELL, CHARLES
STREET ADDRESS	428 JUPITER LAKES BLVD. #147
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80051-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda A. White 5-11-07 (561)746-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #