

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022675

Entity Name: ARTIST'S EYE, INC.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

2715 NORTH OCEAN BLVD., STE. 14F
FT. LAUDERDALE, FL 33308

Current Mailing Address:

2715 NORTH OCEAN BLVD., STE. 14F
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

2715 NORTH OCEAN BLVD., STE. 14F
14F
FT. LAUDERDALE, FL 33308

New Mailing Address:

2715 NORTH OCEAN BLVD., STE. 14F
14 F
FT. LAUDERDALE, FL 33308

FEI Number: 65-1096728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD P. GREENE, P.A.
2455 EAST SUNRISE BLVD., STE. 905
FT. LAUDERDALE, FL 33304 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEISTNER, TIMOTHY DR.
Address: 2715 NORTH OCEAN BLVD., STE. 14F
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY LEISTNER

DR.

03/04/2009

Electronic Signature of Signing Officer or Director

Date