


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000061310	
1. Entity Name ART RESEARCH TECHNOLOGIES, CORP.	

Principal Place of Business 5196 41ST STREET SOUTH ST. PETERSBURG FL 33711	Mailing Address 5196 41ST STREET SOUTH ST. PETERSBURG FL 33711
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc	
City & State		City & State	
Zip	Country PINEWAS	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 51-0420787	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDWARDS, JAMES L 5196 41ST STREET SOUTH ST. PETERSBURG FL 33711	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 constituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES L
STREET ADDRESS	5196 41ST STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	<input type="checkbox"/> Delete
NAME	KOWENSKI, LISA K
STREET ADDRESS	10190 109TH STREET NORTH
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	<input type="checkbox"/> Delete
NAME	SWAIN, CYNTHIA A
STREET ADDRESS	6914 12TH TERRACE NORTH
CITY-ST-ZIP	SAINT PETERSBURG FL 33710
TITLE	<input type="checkbox"/> Delete
NAME	EDWARDS, TIFFANY A
STREET ADDRESS	5196 41ST STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33711
TITLE	<input type="checkbox"/> Delete
NAME	EDWARDS, GEORGE M
STREET ADDRESS	5001 LAKE FRONT DRIVE B-2
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000844102
STREET ADDRESS	03/12/08-80022-016 158.75
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: *James L. Edwards* (JAMES L. EDWARDS) 2/27/08 727-866-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR