

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061310

FILED
Mar 09, 2009
Secretary of State

Entity Name: ART RESEARCH TECHNOLOGIES, CORP.

Current Principal Place of Business:

5196 41ST STREET SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

5196 41ST STREET SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 51-0420787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, JAMES L
5196 41ST STREET SOUTH
ST. PETERSBURG, FL 33711 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: EDWARDS, JAMES L
Address: 5196 41ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D () Delete
Name: KOWENSKI, LISA K
Address: 10190 109TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: SWAIN, CYNTHIA A
Address: 6914 12TH TERRACE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: EDWARDS, TIFFANY A
Address: 5196 41ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33711

Title: D () Delete
Name: EDWARDS, GEORGE M
Address: 5001 LAKE FRONT DRIVE B-2
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDWARDS, GEORGE M
Address: 3692 DONOVAN DRIVE, APT . C
City-St-Zip: TALLAHASSEE, FL 32309

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: JAMES L. EDWARDS

D

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date