2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142575

BOCA RATON, FL 33434

City-St-Zip:

Entity Name: ARTISTIC VIEW, INC.

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1420 NW 2CD AVE, STE 9 1420 NW 2ND AVE, STE 9 BOCA RATON, FL 33432 BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 20423 SR 7 F6-261 BOCA RATON, FL 33498 FEI Number: 20-0476942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MERRYMAN, STEPHANIE 9722 OREGON ROAD BOCA RATON, FL 33434 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition MERRYMAN, STEPHANIE L Name: Name: 9722 OREGON ROAD Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: MERRYMAN, MARTIN Name: 9722 OREGON ROAD Address: 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: STEPHANIE MERRYMAN PRES 01/11/2009