2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P94000084377

Entity Name: ARTISTIC DEVELOPMENT CORPORATION

Current Principal Place of Business:

3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0554995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHOURY, SALIM
3233 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 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: PD ( ) Delete
Name: KHOURY, SALIM
Address: 3233 SOUTH ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: VD ( ) Delete
Name: SHAMIEH, CHARLIE
Address: 3233 S ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete
Name: SHAMIEH, JIM
Address: 32333 S ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL

Title: VD ( ) Delete
Name: SHAMIEH, SHAWKI
Address: 3233 SOUTH ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: TD ( ) Delete
Name: SHAMIEH, NABIL
Address: 3233 SOUTH ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: VP ( ) Delete
Name: KHOURY, DEBORAH
Address: 3233 S ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33316

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

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: SALIM T. KHOURY PRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date