

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N04000010311

Entity Name: ARTSTART, INC.

**Current Principal Place of Business:**

750 CEDAR COVE RD.  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

750 CEDAR COVE RD.  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 84-1665568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARSSI, JEANNETTE P  
750 CEDAR COVE RD.  
WELLINGTON, FL 33414      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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: PARSSI, JEANNETTE P  
Address: 750 CEDAR COVE RD.  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: AZNARAN, LISA M  
Address: 168 DRUM HILL RD.  
City-St-Zip: WILTON, CT 06897

Title: D      ( ) Delete  
Name: UNDERWOOD, WILLIAM D  
Address: 13833 WELLINGTON TRACE, #424-E4  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: AFSHARIMEHR, FARSHAD  
Address: 215 S. OLIVE AVE, #300  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D      ( ) Delete  
Name: REYELT, JAMES  
Address: 128 RIVERSIDE DR  
City-St-Zip: RIVERSIDE, RI 02915

**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:

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

SIGNATURE: JEANNETTE P PARSSI

PRES

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date