2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # F00000006695** 1. Entity Name 07 JAN 19. PM 2: 37 AUTOMATED REGIONAL INFORMATION SYSTEMS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 799 124 N MAIN ST SUITE C OCEAN CITY, MD 21842-0799 BERLIN, MD 21811 04-17-06 90346 038 9150.00 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-1957268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent eignsture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. CDPT TITLE FAULSTICH, PAUL NAME STREET ADORESS 124 N MAIN ST, STE C CITY-ST-ZIP **BERLIN, MD 21811** NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

15/07 4/064/33

282

4/17/06 90346 038 \$150

Aris, Inc. 124 N. Main Street, Suite C Berlin, MD. 21811

January 15, 2007

Division of Corporations P. O. Box 6198 Tallahassee, FL 32314

We overpaid last year and wish that amount to be applied towards this year's filing fee. After telephoning, we were given the tracking number which we were instructed to place in the upper right hand corner as proof of our overpayment and to send letter with report.

Thank you for your consideration.

Yours sincerely,

Paul L. Faulstich, President

ARIS, Inc.