


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90235 045 ***150.00

DOCUMENT # F06000000045 1. Entity Name ARG RESOURCES, INC.					
Principal Place of Business 1155 PERIMETER CENTER WEST ATLANTA, GA 30338			Mailing Address 1155 PERIMETER CENTER WEST ATLANTA, GA 30338		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1165941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENHAM, DOUGLAS N <input checked="" type="checkbox"/> Delete 1155 PERIMETER CENTER WEST ATLANTA, GA 30338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS A. GARRETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1155 Perimeter Center W. ATLANTA GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, STUART I <input type="checkbox"/> Delete 280 PARK AVENUE NEW YORK, NY 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, SHARRON L <input type="checkbox"/> Delete 1155 PERIMETER CENTER WEST ATLANTA, GA 30338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENHAM, DOUGLAS N <input checked="" type="checkbox"/> Delete 1155 PERIMETER CENTER WEST ATLANTA, GA 30338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEO ROLAND C. SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1155 Perimeter Center W ATLANTA, GA 30338	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARRON, FRANCIS T <input type="checkbox"/> Delete 280 PARK AVENUE ATLANTA, GA 10017		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEYRICH, TODD <input checked="" type="checkbox"/> Delete 1155 PERIMETER CENTER WEST ATLANTA, GA 30338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEPHEN E. HARE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1155 Perimeter Center W ATLANTA, GA 30338	
12. I hereby certify that the information supplied with this filing 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/23/07 678-514-4100 Date Daytime Phone #		