2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004014

Entity Name: ARS ACQUISITION CORP.

FILED Apr 24, 2008 Secretary of State

Current Pr	incipal Place	e of Business:	New Principal Place	New Principal Place of Business:		
965 RIDGE MEMPHIS,	LAKE BLVD TN 38120	ATE 201				
Current Mailing Address:			New Mailing Address	New Mailing Address:		
965 RIDGE LAKE BLVD ATE 201 MEMPHIS, TN 38120			965 RIDGE LAKE BLV MEMPHIS, TN 38120	965 RIDGE LAKE BLVD STE 201 MEMPHIS, TN 38120		
FEI Number:	33-1143096	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:		
1200 SOUT PLANTATIO	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD 4 US				
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,		
SIGNATUR	RE:					
		nic Signature of Registered Agen	t	Date		
Election Cam	paign Financin	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RUFF, JACK I) Delete EDERAL HIGHWAY SUITE 500 FL 33432	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FARENHEM, R	EDERAL HIGHWAY SUITE 500	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KARNES, DON	KE BLVD ATE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SLOTT, DAVID	KE BLVD ATE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SLOTT, DAVID	KE BLVD ATE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MCMAHOO, JA	KE BLVD ATE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

	Flacture Comment of Committee Office and Discourse		D-1-
SIGNATURE:	DAVID M. SLOTT	Р	04/24/2008