

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006468

FILED
Jul 08, 2008
Secretary of State

Entity Name: ARISE VIRTUAL SOLUTIONS INC.

Current Principal Place of Business:

3450 LAKESIDE DR, SUITE 620
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

3450 LAKESIDE DR, SUITE 620
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 98-0151557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SELDON, ANGELA
Address: 3450 LAKESIDE DR, SUITE 620
City-St-Zip: MIRAMAR, FL 33027 US

Title: CFO () Delete
Name: BLOCK, DAVID
Address: 3450 LAKESIDE DR, SUITE 620
City-St-Zip: MIRAMAR, FL 33027 US

Title: D () Delete
Name: TADIKONDA, MADHU
Address: 55 E 59TH ST, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: D () Delete
Name: CLINE, MICHAEL
Address: 55 E 59TH ST, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: C (X) Delete
Name: TRANI, JOHN
Address: 55 E 59TH ST, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

Title: D () Delete
Name: TOBIN, MARY
Address: 55 E 59TH ST, 22ND FLOOR
City-St-Zip: NEW YORK, NY 10022 US

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: DAVID BLOCK

CFO

07/08/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date