

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006468

FILED  
May 18, 2009  
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: D (X) 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: D (X) Change ( ) Addition  
Name: KRASHINKSY, ALON  
Address: 55 E 59TH ST, 22ND FLOOR  
City-St-Zip: NEW YORK, NY 10022 US

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

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: ANDRES WILKEN

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

CONT

05/18/2009

\_\_\_\_\_ Date