

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 045 \*\*\*550.00

<b>DOCUMENT # G50330</b>					
1. Entity Name ARNOLD CONSTRUCTION SERVICES, INC.					
Principal Place of Business 314 LEGARE CT JUPITER FL 33458 US			Mailing Address 314 LEGARE CT JUPITER FL 33458 US		
2. Principal Place of Business		3. Mailing Address		2nd MOORE CR2E034 (5/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2311620</b>	
Zip		Zip		Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ABRAMSON, ARNOLD 168 HEMING WAY BOYNTON BEACH FL 33426</b>				7. Name and Address of New Registered Agent	
				Name <b>ABRAMSON, ARNOLD</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>314 LEGARE CT.</b>	
				City <b>JUPITER</b> FL Zip Code <b>33458</b>	
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 				DATE <b>8/26/05</b>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005</b> Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
			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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMSON, ARNOLD		NAME	<b>PRES. ARNOLD ABRAMSON</b>	
STREET ADDRESS	168 HEMING WAY		STREET ADDRESS	<b>314 LEGARE CT.</b>	
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	<b>JUPITER, FL 33458</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **8/26/05** (501) 252-1305