


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K02398**  
 1. Entity Name  
**ARROWHEAD MANAGEMENT, INC.**



Principal Place of Business <b>3980 TAMPA ROAD          SUITE 202          TAMPA, FL 34677</b>	Mailing Address <b>3980 TAMPA ROAD          SUITE 202          TAMPA, FL 34677</b>
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**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2856054</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RICKARD, JAMES I  
 3980 TAMPA ROAD  
 SUITE 202  
 TAMPA, FL 34677**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POCHEZ, PATRICE 3980 TAMPA ROAD, SUITE 202 TAMPA, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RICKARD, JAMES I 3980 TAMPA ROAD, SUITE 202 TAMPA, FL 34677
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 02/11/06-80074-024 150.00

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: James I. Rickard **J.I. RICKARD** 1/25/06 (813) 925-3750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #