

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2005  
Secretary of State**

DOCUMENT# N04000004552

Entity Name: A.R.I.S.E. TO SERVE, INC.

**Current Principal Place of Business:**

10187 TWIN LAKES DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

10187 TWIN LAKES DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 20-1102647      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLIMAN, PHILBERT  
3551 NW 95TH TERRACE  
SUNRISE, FL 33351      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WILLIAMS, ANTONETTE C  
Address: 10187 TWIN LAKES DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD      ( ) Delete  
Name: HUTTON, DELORES  
Address: 1346 PROSPECT PLACE  
City-St-Zip: BROOKLYN, NY 11213

Title: TD      ( ) Delete  
Name: HUTTON, ROBERT  
Address: 1346 PROSPECT PLACE  
City-St-Zip: BROOKLYN, NY 11213

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE C. WILLIAMS

PD

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date