2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jul 22, 2005 08:00 AM DOCUMENT # P03000125969 **Secretary of State** 1. Entity Name ERRÓL SPIDER ARNOLD, INC. Mailing Address Principal Place of Business 1180 W. 33RD ST. 1180 W. 33RD ST. RIVIERA BCH, FL 33404 RIVIERA BCH, FL 33404 No Chg-P CR2E034 (10/03) 07182005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0714369 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARNOLD, ERROL R 1180 W. 33RD ST. RIVIERA BCH, FL 33404 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. TO DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE 1S \$150.00 Added to Fees corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME ARNOLD, ERROL R 1180 W. 33RD ST. STREET ADDRESS U00000374064 CITY-ST-ZIP RIVIERA BCH, FL 33404 --07/22/05-80006-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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

Daytime Phone #