

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034594

FILED
Apr 11, 2005
Secretary of State

Entity Name: ARROW INDOOR AIR ANALYSIS, INC.

Current Principal Place of Business:

P.O. BOX 560414
ROCKLEDGE, FL 329560414

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560414
ROCKLEDGE, FL 329560414

New Mailing Address:

FEI Number: 27-0079666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

SHARROW, SHIRLEY M
4300 S.US HWY 1
ROCKLEDGE, FL 32955 US

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: SHIRLEY M. SHARROW

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHARROW, SHIRLEY
Address: 1582 LARAMIE CIR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SHARROW, ROBERT
Address: 1582 LARAMIE CIR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY M. SHARROW

PRES

04/11/2005

Electronic Signature of Signing Officer or Director

Date