

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034594

FILED
Apr 12, 2006
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:

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

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: D (X) Change () Addition
Name: SHARROW, MICHAEL G
Address: 441 WENTROP CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change () Addition
Name: CARON, MICHELLE M
Address: 15 CATLIN DRIVE
City-St-Zip: BRUNSWICK, ME 04011

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHAEL SHARROW

D

04/12/2006

Electronic Signature of Signing Officer or Director

Date