

SENT BY: THE M.A. JOINT VENTURE;

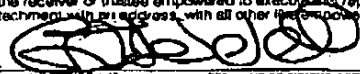
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FILED
May 11, 2005 8:00 am
Secretary of State

04-14-2005 90093 007 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000156585			
1. Entity Name ARCANUM, INC.			
Principal Place of Business 5603 COMMERCE DRIVE UNIT 1 ORLANDO, FL 32839		Mailing Address 5603 COMMERCE DRIVE UNIT 1 ORLANDO, FL 32839	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1239434		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOTES, CARL D 3751 MAGUIRE BLVD. SUITE 104 ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 605 E. Robinson St. Ste 730 City: Orlando FL Zip Code: 32801	
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:  DATE: _____			
FILE NOW!! FEB IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEVERELL, CHRISTOPHER J	NAME	
STREET ADDRESS	5603 COMMERCE DRIVE, UNIT 1	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 32839	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other lines empowered.			
SIGNATURE:  DATE: _____ DAYTIME PHONE: _____			

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