2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State
03-28-2007 90009 016 ***150.00

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1. Entity Name
RHIANNON ARNOLD, PA

Principal Place of Business	Mailing Address
730 EAST MICHIGAN STREET UNIT 130 ORLANDO, FL 32806 US	730 EAST MICHIGAN STREET UNIT 130 ORLANDO, FL 32806 US

03162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
122 East Colonial Drive	
Suite, Apt. #, etc. 210	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32801 Country US	Zip Country

4. FEI Number 20-5769986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THORPE, LYSANDER 6327 PINEY GLEN LANE ORLANDO, FL 32819	Name J. Rhiannon Arnold Street Address (P.O. Box Number is Not Acceptable) 730 E. Michigan St., Unit 130 City Orlando FL Zip Code 32806

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 J. Rhiannon Arnold [signature] 3/16/2007 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	PRES	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARNOLD, RHIANNON		NAME	
STREET ADDRESS	730 EAST MICHIGAN STREET UNIT 130		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32806		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	
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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 exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE: [signature] J. Rhiannon Arnold 3/16/2007 407-246-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #