

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001613

FILED
Jul 11, 2009
Secretary of State

Entity Name: ARAIA CONSULTANTS INC.

Current Principal Place of Business:

3158 MAIN STREET
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

PO BOX 531
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 26-1765080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIENT SERVICES PLUS LLC.
3158 MAIN STREET
COTTONDALE, FL 32431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, DAVID L
Address: PO BOX 531
City-St-Zip: COTTONDALE, FL 32431

Title: VP () Delete
Name: BYRD, MIRIAM
Address: PO BOX 531
City-St-Zip: COTTONDALE, FL 32431

Title: VP () Delete
Name: BYRD, JOHN W
Address: 6610 SHALLOWFORD ROAD
City-St-Zip: LEWISVILLE, NC 27023

Title: VP () Delete
Name: BATCHELOR, STAN
Address: 6087 HIGHWAY 51
City-St-Zip: ARITON, AL 36311

Title: VP () Delete
Name: LANEY, STEVE
Address: PO BOX 223
City-St-Zip: ARITON, AL 36311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BYRD, JOHN W
Address: 6390 SHALLOWFORD ROAD
City-St-Zip: LEWISVILLE, NC 27023

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 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: DAVID L. BYRD

Electronic Signature of Signing Officer or Director

PRES

07/11/2009

_____ Date