

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001613

FILED
Feb 25, 2011
Secretary of State

Entity Name: ARAIA CONSULTANTS INC.

Current Principal Place of Business:

3158 MAIN STREET
COTTONDALE, FL 32431

New Principal Place of Business:

6422 WEST HWY 98
UNIT 404
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

PO BOX 531
COTTONDALE, FL 32431

New Mailing Address:

6422 WEST HWY 98
UNIT 404
PANAMA CITY BEACH, FL 32407

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

OFFICERS AND DIRECTORS:

Title: P
Name: BYRD, DAVID L
Address: 6422 WEST HWY 98 UNIT 404
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VP
Name: BYRD, MIRIAM
Address: 6422 WEST HWY 98 UNIT 404
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VP
Name: BYRD, JOHN W
Address: 3455 POLO ROAD
City-St-Zip: WINSTON-SALEM, NC 27106

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID L. BYRD

PRES

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date