

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000018548

1. Entity Name

FIRST ARLINGTON GROUP, INC.



Principal Place of Business

1993 DR. MARTIN LUTHER KING WAY
SARASOTA, FL 34234

Mailing Address

1993 DR. MARTIN LUTHER KING WAY
SARASOTA, FL 34234



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0900023

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD

ITRAISH, BASHAR

1993 DR. MARTIN LUTHER KING WAY

SARASOTA, FL 34230

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

000000530267
05/05/06-80109-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:

Bashar Itraish
BASHAR ITRAISH

4/20/2006

(941) 355-527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #