2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #614939 1. Entity Name ARCH-NEER, INC. Principal Place of Business Making Address 4600 LAKE INDUSTRIAL BLVD. 25900 SAN RAFAEL COURT TAVARES, FL 32778 US HOWEY IN THE HILLS, FL 34737 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BUSHONG, RICHARD 25900 SAN RAFAEL COURT

10. TITLE

NAME

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE -NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

FILED Jan 16, 2008 08:00 AN Secretary of State



-	A NOT MOITE I	^_	01072008	No Olig-i	01122034 (1	1700)			
DO NOT WRITE IN THIS SPA					4. FEI Number 59-1940886		Applied For Not Applicable		
		5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name and Address of Current Regis	stered Agent				-			
BUSHONG, RICHARD 25900 SAN RAFAEL COURT HOWEY IN THE HILLS, FL 34737				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the tions of registered agent.	purpase of changing its register	L ed office or re	egistered agent, or bo	ith, in the State of Flori	da. I am familià	r with, and accept		
	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	d Agent signature	required when reinstating}		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BUSHONG, RICHARD 25900 SAN RAFAEL COURT HOWEY IN THE HILLS, FL 34737 ST				01/16/08-8	'85038 '0078-013	150.00		
NAME STREET ADDRESS CITY-ST-ZIP	BUSHONG, REBECCA 25900 SAN RAFAEL COURT HOWEY IN THE HILLS, FL 34737								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE			
TITLE - NAME STREET ADDRESS CITY+ST-ZIP				IN .	THIS SPA	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE		•							

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:	Keluce Bushing	REBUCCA BUSH	N6.31	1-14-08	352-343-0534
	SIGNATURE AND OPED OR PRINTED NAME OF SIGNIF	IG OFFICER OR DIRECTOR	— <i>•</i>	Date	Daytime Phone #