2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 736915

Entity Name: ARETE, INC.

Current Principal Place of Business:

13717 N. 42ND ST.
#9
TAMPA, FL 33613 US

New Principal Place of Business:

13717 N. 42ND ST.
TAMPA, FL 33613 US

Current Mailing Address:

ARETE INC USF 30367
4202 EAST FOWLER AVE
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 23-7127762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, DICKEY P
10513 LAKE WILLIAMS DRIVE
ODESSA, FL 335562615 US

Name and Address of New Registered Agent:

DAVIS, DICKEY P
10513 LAKE WILLIAMS DRIVE
ODESSA, FL 335562615 US

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: _____ 04/28/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, DICKEY P
Address: 10513 LAKE WILLIAMS DR
City-St-Zip: ODESSA, FL 33556 US

Title: FD ( ) Delete
Name: BRAY, TAL
Address: 1014 CORAL STREET
City-St-Zip: TAMPA, FL 33602

Title: CD ( ) Delete
Name: OVERMAN, THOMAS
Address: 19802 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BRAY, CLAUDE T
Address: 1014 CORAL STREET
City-St-Zip: TAMPA, FL 33602 US

Title: PCAB (X) Change ( ) Addition
Name: OVERMAN, THOMAS
Address: 19802 DEER HOLLOW LANE
City-St-Zip: LUTZ, FL 33548 US

Title: TD (X) Change ( ) Addition
Name: DAVIS, DICKEY P
Address: 10513 LAKE WILLIAMS DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: DAL ( ) Change (X) Addition
Name: LICHTENFELS, DAVE
Address: 6937 RIVERGATE AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33637 US

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DICKEY P DAVIS TD 04/28/2006
Electronic Signature of Signing Officer or Director — Date