2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736915

Entity Name: ARETE, INC.

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
13717 N. 42ND ST. TAMPA, FL 33613 US				
Current Mailing Address:		New Mailing Address:		
ARETE INC USF 30367 4202 EAST FOWLER AVE TAMPA, FL 33620 US		ARETE INC 30367 USF HOLLY DRIVE TAMPA, FL 33620 US		
FEI Number:	23-7127762 FEI Number Applied For () FEI Nu	mber Not Appli	icable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: 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:				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete BRAY, CLAUDE T 1014 CORAL STREET TAMPA, FL 33602 US	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition OVERMAN, THOMAS 19802 DEER HOLLOW LANE LUTZ, FL 33548 US	
Title: Name: Address: City-St-Zip:	PCAB () Delete OVERMAN, THOMAS 19802 DEER HOLLOW LANE LUTZ, FL 33548 US	Title: Name: Address: City-St-Zip:	DAL (X) Change () Addition BRAY, CLAUDE T 1014 CORAL STREET TAMPA, FL 33602 US	
Title: Name: Address: City-St-Zip:	TD () Delete DAVIS, DICKEY P 10513 LAKE WILLIAMS DRIVE ODESSA, FL 33556 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAL () Delete LICHTENFELS, DAVE 6937 RIVERGATE AVENUE TEMPLE TERRACE, FL 33637 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DAL () Change (X) Addition FULLERTON, DANIEL S 3014 MANATEE AVENUE WEST BRADENTON, FL 34205 US	
Title: Name:	() Delete	Title: Name:	DAL () Change (X) Addition MOSS, KENT E	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DICKEY P. DAVIS TD 04/30/2007

8910 DALE MABRY HIGHWAY NORTH

TAMPA, FL 33614 US