


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90005 012 ***150.00

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DOCUMENT # 812136				
1. Entity Name ARPIN VAN LINES, INC.				
Principal Place of Business 99 JAMES P MURPHY HIGHWAY WEST WARWICK, RI 02893		Mailing Address PO BOX 1302 EAST GREENWICH, RI 02893		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1302		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State E. Greenwich, RI		
Zip	Country	Zip	Country	4. FEI Number 05-0269014
02818				
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
FENNER, NATALIE S ESQ FRANKLIN & PROKOPIK 10150 HIGHLAND MANOR DRIVE, SUITE 200 TAMPA, FL 33610			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
Zip Code				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Signature, typed or printed name of registered agent and title if applicable				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	P/V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARPIN, DAVID		NAME	
STREET ADDRESS	99 JAMES P MURPHY HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP	WEST WARWICK, RI 02893		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARPIN, PAUL G		NAME	
STREET ADDRESS	99 JAMES P MURPHY HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP	WEST WARWICK, RI 02893		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARPIN, PETER		NAME	
STREET ADDRESS	141 JAMES P MURPHY HIGHWAY		STREET ADDRESS	
CITY-ST-ZIP	WEST WARWICK, RI 02893		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANKS, EDWARD J		NAME	Braks, Edward J.
STREET ADDRESS	99 JAMES P MURPHY HWY		STREET ADDRESS	
CITY-ST-ZIP	WEST WARWICK, RI 02893		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <i>David Arpin</i>			2/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	
			Daytime Phone #	