
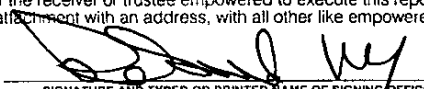


FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90044 050 ***150 00

DOCUMENT # F00000000262						Secretary of State	
1. Entity Name ARNOLD SALES COMPANY, INC.				02-02-2006 90044 050 ***150.00			
Principal Place of Business 55 PARADISE LANE BAY SHORE, NY 11706				Mailing Address 55 PARADISE LANE BAY SHORE, NY 11706			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent			
				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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRINCE, GARY			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETERSEN, WILLIAM			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELIGMAN, SHELLY			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LACCHIN, LOUISE			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, RICK			NAME			
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAURINGL, RICHARD			NAME	Richard Mauringl		
STREET ADDRESS	55 PARADISE LANE			STREET ADDRESS			
CITY-ST-ZIP	BAY SHORE, NY 11706			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: 				VP-Tax 1/9/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			