
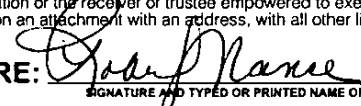


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90167 003 ***150.00

DOCUMENT # F04000000759 1. Entity Name AREKS US, INC.					
Principal Place of Business 27499 RIVERVIEW CENTER BLVD, STE 125 BONITA SPRINGS, FL 34134			Mailing Address 27499 RIVERVIEW CENTER BLVD, STE 125 BONITA SPRINGS, FL 34134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 30-0223592			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D SIAT, MICHEL 27499 RIVERVIEW CENTER BLVD, STE 125 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. LEAH, JOSEPH 27499 RIVERVIEW CENTER BLVD, STE 125 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert H. Steinfeld 1499 Post Road Fairfield, CT 06824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERGEZ, GEOFFROY 27499 RIVERVIEW CENTER BLVD, STE 125 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alandra C. Murphy 1499 Post Road Fairfield, CT 06824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Robin Y. Nance 1499 Post Road Fairfield, CT 06824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jeffrey J. Ford 1499 Post Road Fairfield, CT 06824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Robin Y. Nance 4/28/06 203- 319-4587 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		



ATTACHMENT

40078174

FC4000000759

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Certified 7005 3110 0001 6630 0410
1499 Post Road
Fairfield, CT 06824

April 28, 2006

RE: Areks US, INC
I.D. NO. 30-0223592
REF.: 2006 Florida Uniform Business Report (Annual Report)

Ladies and or/Gentlemen:

Enclosed herewith please find the following for the above-cited company:

- ☐ Income/Franchise Tax Return, Form No.: _____
- ☐ Estimated Tax Report, Form No.: _____
- ☐ Extension Request, Form No.: _____
- ☒ Other: Description: 2006 Florida Uniform Business Report (AR)

Form No.: _____

for the period January 1 - December 31, 20 06

Also enclosed is our check number 433569 in the amount of \$150.00
in satisfaction of the required amount due, if any.

Please acknowledge receipt of the enclosed by stamping the duplicate of this letter and return it
in the stamped self-addressed envelope enclosed for your convenience.

Very truly yours,

Maryanne Piorek

Maryanne Piorek
Director – US Tax



ATTACHMENT
400 78174
FGA0000000759

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Certified 7005 3110 0001 6630 0410
1499 Post Road
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