2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # F06000000741 DEPRETATOR PREZINTE ARSENAL DIGITAL SOLUTIONS WORLDWIDE. INC. LEGALTARY OF STATE Principal Place of Business Mailing Address 古哉44**46発5見990を** 03/08--01045--014 **5 8000 REGENCY PARKWY, STE 100 8000 REGENCY PARKWY, STE 100 CARY, NC 27518 CARY, NC 27518 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 56-2169634 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City Zip Code FL 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 # Trust Fund Contribution. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT (P) TITLE CEO Delete TITLE ☐ Change Addition BRICK, FRANK NAME MICHAEL RIEGEL NAME BUCKEROCY PROST STE NO **67 GOLDEN HEATHER** STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CHAPEL HILL, NC 27517 CARY NC 27518 CITY - ST - ZIP SCOTT ESECAMICIA CEO TITLE -----Change TITLE Delete. At Addition 5 EC LE 7/1843 10/1 HORAN, STEVEN NAME NAME 36800938 107 REDFERN DR STREET ADDRESS STREET ADDRESS -214 CARY, NY 27511 CITY-ST-ZIP CITY-ST-ZIP ASSISTANT SECRETAXY(S) Change TITLE COO Delete tine MICHAEL D. FLEISCHE É SIGARTO, SAMUEL NAME NAME INORTH CASTLE DR STREET ADDRESS 1509 LIATRIS LANE STREET ADDRESS ARMONK NY 10504 CITY-ST-ZIP RALEIGH, NC 27613 CITY-ST-ZIP TREASULER (T) TITLE Delete TITLE ☐ Change ■Addition MARTIN J. SCHROETER NAME PEIN, ALASDAIR NAME STLOONARA AUE. STREET ADDRESS 33 RIVERSIDE AVE., 5TH FLOOR STREET ADDRESS VEST PENNANT HILLS NSW 2125 HUSTE TELT WESTPORT, CT 06880 CITY-ST-ZIP CITY - ST - ZIP ASSISTANT TREASURER (T) Change TITLE Delete TATLE JOHN P. GIANGIKAKIS LLOYD, DAVID NAME NAME STREET ADDRESS 1,UEN OFOHARD 2D STREET ADDRESS DUKES COURT, 32 DUKES ST., ST JAMES 12mi NK CITY - ST+ZIP LONDON, ENGLAND SW1Y 6DF, XX CITY-ST-ZIP 10504 SECRETARY TITLE TITLE ☐ Change Addition Delete FERRANIOLA SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 294 Points 100 CITY-ST-ZIP CITY-ST-ZIP SUMERS NY 10589 12. I hereby certify that the information supplied with this filling 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 applicars in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 11/08

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #