

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003202

FILED
Feb 16, 2008
Secretary of State

Entity Name: A.R.M. & ASSOCIATES ENTERPRISES, INC.

Current Principal Place of Business:

109 FAIRFIELD WAY
STE 207
BLOOMINGDALE, IL 60108

New Principal Place of Business:

Current Mailing Address:

109 FAIRFIELD WAY
STE 207
BLOOMINGDALE, IL 60108

New Mailing Address:

FEI Number: 71-1024941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTARSKI, BRUCE
2732 BROADWAY CENTER BLVD
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MANGIN, FRANCA
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: VP () Delete
Name: MANGIN, MICHAEL
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: VC () Delete
Name: MANGIN, MICHAEL
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: SD () Delete
Name: SNELL, RONALD
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: MANGINI, FRANCA
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: VP (X) Change () Addition
Name: MANGINI, MICHAEL
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: VC (X) Change () Addition
Name: MANGINI, MICHAEL
Address: 109 FAIRFIELD WAY - STE 207
City-St-Zip: BLOOMINGDALE, IL 60108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MICHAEL S. MANGINI

VP

02/16/2008

Electronic Signature of Signing Officer or Director

_____ Date