

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 001 ***150.00

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07062006 Chg-P CR2E034 (11/05)

DOCUMENT # F65116 1. Entity Name ARAICH GROUP INC.					
Principal Place of Business 607 EAST PIKE STREET JACKSON CENTER, OH 45334			Mailing Address P.O. BOX 4489 SIDNEY, OH 45365 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2164603	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEASURE, R E JR 2356 CO. RD. 57 HUNTSVILLE, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWAY, W R 607 EAST PIKE ST JACKSON CENTER, OH		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP VONDENHUEVEL, MARK PO BOX 4489 SIDNEY, OH 45365		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: Mark S. Vondenhuevel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03 JUL 06 937-467-7575 <small>Date Daytime Phone #</small>		