## FILED 2006 FOR PROFIT CORPORATION May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F99000000690 05-02-2006 90153 049 \*\*\*150.00 1. Entity Name ARC SPECIALTIES, INC. 4 Principal Place of Business Mailing Address ANTHONY R. CALVERLEY ANTHONY R. CALVERLEY 601-4 WHITNEY AVE. 601-4 WHITNEY AVE. LANTANA, FL 33462 LANTANA, FL 33462 2. Principal Place of Business 3. Mailing Address 12890 Deerfield Drive A.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04282006 Sardinia City & State 4. FEI Number Applied For IV.Y. sardinia 16-1375998 Not Applicable Country. ERIE \$8.75 Additional 5. Certificate of Status Desired 14134 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RON CALVERLEY, ANTHONY R Street Address (P.O. Box Number is Not Acceptable) 601-4 WHITNEY AVE. LANTANA, FL 33462 Ocean inlet Drive 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 4-28-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registers 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CP ☐ Delete TITLE ☑ Change ☐ Addition CALVERLEY, ANTHONY R NAMÉ NAME Calverley, ANThon 12590 Davit STREET ADDRESS 601-4 WHITNEY AVE. STREET ADDRESS CITY: ST-ZIP LANTANA, FL 33462 CITY+ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C17Y-ST-71P TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Addition

12. Thereby 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

HALLE

STREET ADDRESS

CITY-ST-73P

Awthony R. Colverley 4-28-06