2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

ANING	ML KEFOKI		
DOCUMENT # F99000 1. Entity Name ARC SPECIALTIES, INC.	000690		Secretary of St
Principal Place of Business 12890 DEERFIELD DR SARDINIA, NY 14134	Mailing Address P.O. BOX 63 SARDINIA, NY 14134		-
	TE IN THIS SPA	CE	04092008 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent ELLIS, RON 711 OCEAN'INLET DR BOYNTON BEACH, FL 33435			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this states the obligations of registered agent. SIGNATURE Signature, hipsed or printed name of register. FILE NOW!!! FEE IS \$150.! After May 1, 2008 Fee will be \$	od sigent and title if applicable. (NOTE Registron) 9. Election Campaign Fin	ared Agent signatura require	ered agent, or both, in the State of Florida. I amylamiliar with, and accept advented agent, or both, in the State of Florida. I amylamiliar with, and accept advented agent, or both, in the State of Florida. I amylamiliar with, and accept advented agent, or both, in the State of Florida. I amylamiliar with, and accept advented agent, or both, in the State of Florida. I amylamiliar with, and accept advented agent, or both, in the State of Florida.
10. OFFICER	S AND DIRECTORS		000000943094 05/29/08-80045-024 158.75
NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP			DO NOT WRITE
TITLE NAME SIREEI ADDRESS CHY-SI-ZP TITLE NAME SIREEI ADDRESS			IN THIS SPACE
CITY-ST-ZIP 111LE NAME SIRLET ADDRESS CITY-ST-ZIP			

12. Thereby 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 logal effect as if made under eath; 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: Cather Related Name of Signature and Type Of PRINTED NAME OF SIGNATURE AND TYPED OF SIGNATURE AN