2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE

Int with an address, with all other like empowered.

Secretary of State DOCUMENT # J91696 01-30-2006 90035 048 ***150.00 1. Entity Name A.R.B.C. CORPORATION Principal Place of Business Mailing Address 5645 STRAND BLVD 5645 STRAND BLVD NAPLES, FL 34110 US NAPLES, FL 34110 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0004732 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONROY, J. THOMAS 2640 GOLDEN GATE PKWY Street Address (P.O. Box Number is Not Acceptable) **SUITE 115** NAPLES, FL 34105 Van DERBILT Beach Rd Suite DOI City 8. The above named entity submits this statement for the pulpose of changing jurgejistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE S ☐ Delete TITLE Change Addition TYRE, RONALD C NAME NAME 5645 STRAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP PT Change TITLE ☐ Delete TITLE ☐ Addition GLOBETTI, JOHN NAME NAME 5645 STRAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES, FL 34110 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STRAUSBAUGH, TODD NAME STREET ADDRESS 5645 STRAND BLVD STREET ADDRESS NAPLES, FL 34110 CITY-ST-7IP 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 CITY-ST-ZIP TITLE ☐ Delete · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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 of the corporation of the true technique.

John Wobett President

1-25-06

239-599-1120

FILED Jan 30, 2006 8:00 am