
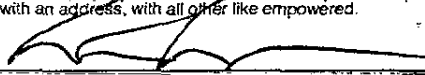


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M7Q908 1. Entity Name ANTHONY ARCULEO, INC.														
Principal Place of Business 524 EASTPORT DR. LONGWOOD, FL 32750	Mailing Address 524 EASTPORT DR. LONGWOOD, FL 32750													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent ARCULEO, ANTHONY T. 524 EASTPORT DR. LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE												
<p>6. 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.</p> <p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></p> <p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>														
<p>70. OFFICERS AND DIRECTORS</p> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>D ARCULEO, ANTHONY T. 524 EASTPORT DR LONGWOOD, FL 32750</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCULEO, ANTHONY T. 524 EASTPORT DR LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>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.</p> <p>SIGNATURE:  1/15/06 407-625-9646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>														



01142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0031325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

1100000391158
01/24/06-80029-006 150.00

**DO NOT WRITE
IN THIS SPACE**