2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2007 8:00 am Secretary of State 01-10-2007 90042 044 ****61.25

DOCL	IMENT	`#NC)3000)001	1703
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1. Entity Name ARCA IMAGES, INC.

SIGNATURE:

SIGNATORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Pincipal Place of Business							1	105						
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S. Name and Address of Current Registered Agent 1. Name and Address of Name Registered Agent 1. Name Registered Age	City & State	ө		Ci			7/						No	t Applicable
Name	Zip		Country	Zi	33/3/	Cou	ntry C5/	9	5. Certificate	e of Status D	esired			
Sitest Address (P.O. Best Numbros is Not Acceptable) ## Substitution Sitest Address P.O. Best Numbros is Not Acceptable) Sitest Address P.O. Best Numbros is Not Acceptable) Sitest Address P.O. Best Numbros is Not Acceptable P.O. B		6. Name a	nd Address of Current	Register	ed Agent		•		7. Name an	d Address o	f New Re	gistered A	Agent	
Street Addrices (P.O. Box Numbros is Not Acceptable) 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	KUVE. ALE	EXA					Name	DI	580	Kul	<u>/=</u>			
## 5.2.6 City Windling FL 23823/ 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	711 BILTM	ORE WAY					Street A	ddress (P.O. Box Num			Blo	D.	
B. The above named onlity 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 Signature, hypoid or power name of registered agent and life 4 applicable. [NOTE / Registered Agent a							,	# [526	- /				
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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 reported the 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiess, with all other like empoyered.	12. I hereby of indicated of the cor	certify that the I on this report rporation or the	information supplied wi or supplemental report receiver or trustee and	th this filing is true and cowered to	g does not qualify for accurate and that be execute this report that like amounts	or the exe my signa t as requi	emptions of ture shall tired by Ch	contained nave the apter 61	o in Chapter 11 same legal eff 7, Florida Statu	re, Florida St ect as if mad tes; and that	atutes. I f e under o my name	urther cer eth; that I appears	try that the ir am an officer in Block 10 o	or director Block 11 if
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