04/20/2006 17:53 2392623766 PARKER & A

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Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90384 047 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000007873

1. Entity Name
DARCY ARRINGTON, A.S.I.D., INC.

Principal Place of Business	Mailing Address
2121 MCGREGOR BLVD 1 FORT MYERS, FL 33901 US	2121 MCGREGOR BLVD 1 FORT MYERS, FL 33901 US

03022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	1001 Gruene RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: New Braunfels, TX
Zip / Country	Zip: 78130 / Country: USA

4. FEI Number: 65-0991204 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARRINGTON, DARCY W 1376 SHADOW LANE FORT MYERS, FL 33901	Name: Larry Parker Street Address (P.O. Box Number is Not Acceptable): 7078 N. Tamiami Trail #200 City: Naples FL Zip Code: 34103

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 the obligations of registered agent.

SIGNATURE: [signature] 3/2/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ARRINGTON, DARCY W		NAME	
STREET ADDRESS	1376 SHADOW LANE		STREET ADDRESS	1001 Gruene RD
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	New Braunfels, TX 78130
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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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	

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.

SIGNATURE: X [signature] 4/20/06 830-620-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #