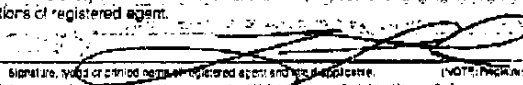
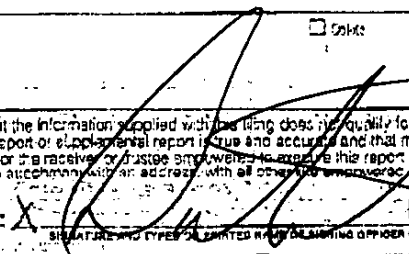


FILED
Apr 24, 2006 8:00 am
Secretary of State

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 2121 MCGREGOR BLVD 1 FORT MYERS, FL 33901 US		Mailing Address 2121 MCGREGOR BLVD 1 FORT MYERS, FL 33901 US	
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		Zip 78130	
Country		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 ARRINGTON, DARCY W 1378 SHADOW LANE FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Larry Parker Street Address (F.O. Box Number is Not Acceptable) 3078 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 		DATE 3/2/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		B. Election Campaign Financing July 1 - \$5.00 May 8 Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ARRINGTON, DARCY W 1378 SHADOW LANE FORT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 1001 Gruene Rd New Braunfels, TX 78130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 officers and directors.			
SIGNATURE: 		DATE 4/20/06 830-620-5410	