2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 04, 2004 08:00 AM **DOCUMENT # P00000085053 Secretary of State** 1. Entity Name GREEN ARROW INC. Principal Place of Business Mailing Address 7352 NW 38TH PLACE 7352 NW 38TH PLACE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 No Chg-P CR2E034 (10/03) 01312004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1042809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITZ, GUNTER DO NOT WRITE 7352 NW 38TH PLACE CORAL SPRINGS, FL 33065 IN THIS SPACE 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. <u>01-31-04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PT TITLE RITZ, GUNTER NAME STREET ADDRESS 7352 NW 38TH PLACE CORAL SPRINGS, FL 33065 CTY-ST-ZP TITLE KLINDT, STEFANIE NAME STREET ADDRESS 7352 NW 38TH PL U00000034381 02/05/04-80082-002 150.00 CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-421-2738