2006 FOR PROFIT CORPORATION ANNUAL REPORT

....FILED DOCUMENT # P00000112284 Mar 22, 2006 08:00 A 1. Entity Name Secretary of State ARCOMM, INC. Mailing Address Principal Place of Business 4900 SW 72 AVE 4900 SW 72 AVE. MIAMI, FL 33155 MIAMI, FL 33155 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1061360 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NALL, ROBERT W DO NOT WRITE 10814 SW 124TH PLACE MIAMI, FL 33186 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 1100000476930 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/06/06-80032-001 150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAKAF NALL, ROBERT W 10814 SW 124TH PLACE STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST- ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2006

305-669-996