

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000031520 1. Entity Name ARLINGTON OVERSEAS INC					
Principal Place of Business 527 GOLDEN BEACH DR GOLDEN BEACH, FL 33160			Mailing Address 527 GOLDEN BEACH DR GOLDEN BEACH, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="text-align: right;">FILED</div> <div style="text-align: center;">06 APR 21 2006</div> <div style="text-align: center;"> </div>	
City & State		City & State		04142006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-1091798	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAPPE, ALLEN 20505 E. COUNTRY CLUB DRIVE 2138 AVENTURA, FL FL 33-180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 300073989119 05/04/06--01020--001 **61.25			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOTFRIED, AMMON 527 GOLDEN BEACH AVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D/P AMMON GOTFRIED 527 Golden Beach DR. Golden Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTFRIED, MIRA 527 GOLDEN BEACH AVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MIRA GOTFRIED 527 Golden Beach DR. Golden Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTFRIED, TAMIR 527 GOLDEN BEACH AVE GOLDEN BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S TAMIR Gotfried 1330 West Ave Apt 2513 Miami, Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOTFRIED, RAVIT 527 GOLDEN BEACH AVE GOLDEN BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T RAVIT COTKEN 527 Golden Beach DR Golden Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 4/24/06		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GALL Gotfried 527 Golden Beach DR Golden Beach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: AMMON GOTFRIED			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
4/14/06			305-3339011		