2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# P01000031520

Entity Name: ARLINGTON OVERSEAS INC

Current Principal Place of Business:

527 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

527 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1091798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPPE, ALLEN
4917 LATTA WAY
GATLINBURG,TN., FL TN. 37738 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CPD
Name: GOTFRIED, AMMON
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DVP
Name: GOTFRIED, MIRA
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DS
Name: GOTFRIED, TAMIR
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DS
Name: GOTFRIED, GAIL
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

Title: DT
Name: COHEN, RAVIT
Address: 527 GOLDEN BEACH AVE
City-St-Zip: GOLDEN BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMNON GOTFRIED CPD 01/03/2011

Electronic Signature of Signing Officer or Director — Date