2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031520

Entity Name: ARLINGTON OVERSEAS INC

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

527 GOLDEN BEACH DR
GOLDEN BEACH, FL 33160

527 GOLDEN BEACH, FL 33160

GOLDEN BEACH, FL 33160

UN

Current Mailing Address: New Mailing Address:

527 GOLDEN BEACH DR GOLDEN BEACH, FL 33160 527 GOLDEN BEACH, FL 33160 UN

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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 MR. 01/05/2012