

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000102020

Entity Name: ARFEEN, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

375 PALM SPRINGS DR  
1618  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

123 MEADOWLARK DR.  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

375 PALM SPRINGS DR  
1618  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

123 MEADOWLARK DR.  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3754815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARIFEEN, MUHAMMAD  
375 PALM SPRINGS DR  
STE 1618  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

ARIFEEN, MUHAMMAD  
123 MEADOWLARK DR.  
ALTAMONTE SPRINGS, FL 32701 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: AM

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARIFEEN, MUHAMMAD S  
Address: 375 PALM SPRINGS DR. STE 1618  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARIFEEN, MUHAMMAD S  
Address: 123 MEADOWLARK DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AM

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date