


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000036680
1. Entity Name
ARREDARE ENTERPRISES, INC.



Principal Place of Business Mailing Address
14239 US HWY. ONE **14239 US HWY. ONE**
JUNO BEACH, FL 33408 **JUNO BEACH, FL 33408**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0665592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORTORIELLO, FRANK A JR.
190 JONES CREEK DR
JUPITER, FL 33458

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000531128
01/19/07-80010-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORTORIELLO, FRANK A JR. 190 JONES CREEK DR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, ELIZABETH 14239 US HWY ONE JUNO BEACH, FL 33408
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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: _____ *[Signature]* **1-17-07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #