

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90112 023 \*\*\*150.00

<b>DOCUMENT # P02000043087</b> 1. Entity Name <b>ARVID REALTY SERVICES, INC.</b>																																			
Principal Place of Business <b>3708 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33308</b>		Mailing Address <b>3708 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33308</b>																																	
2. Principal Place of Business <b>411 N. New River Dr. E.</b> Suite, Apt. #, etc. <b>1106</b>		3. Mailing Address <b>411 N. New River Dr. E.</b> Suite, Apt. #, etc. <b>1106</b>																																	
City & State <b>FT. Lauderdale</b> Zip <b>33301</b> Country		City & State <b>FT. Lauderdale</b> Zip <b>33301</b> Country																																	
4. FEI Number <b>56-2290653</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>MURDOCH, ROBERT E JOHNSON, ANSELMO, MURDOCH, BURKE &amp; GEORGE 790 EAST BROWARD BLVD., SUITE 400 FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D SINGH, PURNESH</b> <input checked="" type="checkbox"/> Delete  <b>12307 NORTHWEST 9TH LANE</b>  <b>NEWBURY, FL 32669</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SINGH, PURNESH</b> <input checked="" type="checkbox"/> Delete <b>12307 NORTHWEST 9TH LANE</b> <b>NEWBURY, FL 32669</b>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>D ARVID HVIDSTEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>411 N. New River Dr. E. # 1106</b>  <b>FT. Lauderdale, FL 33301</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARVID HVIDSTEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>411 N. New River Dr. E. # 1106</b> <b>FT. Lauderdale, FL 33301</b>														
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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: <u><i>Arvid Hvidsten</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/25/06</u> Daytime Phone #																																	