

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087467

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: AROAIMA TECHNOLOGIES, INC.

## Current Principal Place of Business:

5001 SW 20TH STREET  
5310  
OCALA, FL 34474 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 222  
OCOEE, FL 34761 US

## New Mailing Address:

FEI Number: 05-0528527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CAESAR, CLIVE  
5001 SW 20TH STREET  
OCALA, FL 34474 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAESAR, CLIVE  
Address: 7238 CHILTON LANE  
City-St-Zip: RIVERDALE, GA 30296 US

Title: D ( ) Delete  
Name: GLASGOW, DESMOND  
Address: 6737 MERITMOOR CIRCLE  
City-St-Zip: ORLANDO, FL 32818 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLIVE CAESAR

PD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date