2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 13, 2009
Secretary of State

DOCUMENT# P03000095269

Entity Name: ARROW CONSULTING SERVICES, INC.

Current Principal Place of Business:

9511 HOLSBERRY ROAD
SUITE B-11
PENSACOLA, FL 32534

New Principal Place of Business:

935 MAIN STREET
CHIPLEY, FL 32428

Current Mailing Address:

9511 HOLSBERRY ROAD
SUITE B-11
PENSACOLA, FL 32534

New Mailing Address:

935 MAIN STREET
CHIPLEY, FL 32428

FEI Number: 20-0187252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, TINA N
1329 QUIET COVE COURT
GULF BREEZE, FL 32563 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELL, TINA N
Address: 1329 QUIET COVE COURT
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete
Name: RICKER, WANDA DALE
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

Title: VP ( ) Delete
Name: HAYES, MARSHA ANN
Address: 691 7TH STREET
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MERCER, WANDA DALE
Address: 935 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

Title: VP (X) Change ( ) Addition
Name: HAYES, MARSHA ANN
Address: 935 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

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: MARSHA HAYES VP 07/13/2009
Electronic Signature of Signing Officer or Director Date