2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000104952

1. Entity Name

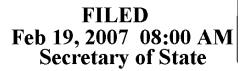
ARMPRODINK CORPORATION



Principal Place of Business

2014 NEWMAN ST ORLANDO, FL 32803 Mailing Address

2014 NEWMAN ST ORLANDO, FL 32803





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number Applied For 56-2496920 Not Applicable

5. Certificate of Status Desired

01222007

\$8.75 Additional Fee Required

CR2E034 (11/05)

EDEN, JENNIFER S 390 N ORANGE AVE

SUITE 600 ORLANDO, FL 3280

DO NOT WRITE IN THIS SPACE

No Chg-P

ORLANDO, FL 32801			IN THIS SPACE		
	named entity submits this statement for the parameters agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (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		\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZA, ANTHONY ROCKY 2014 NEWMAN ST ORLANDO, FL 32803	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000639015 02/28/07-80008-020 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME OTHERS ADORESS					

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 tike empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 feb 2007

845-1749

Daytime Phone

ANTHONY R. MAZZA