


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90195 034 ***150.00

DOCUMENT # P03000113094	
1. Entity Name ARN LIQUOR, INC.	

Principal Place of Business 1142 W. STATE ROAD 436 ALTAMONTE SPRINGS, FL 32714	Mailing Address 952 WESSON DR CASSELBERRY, FL 32707 US
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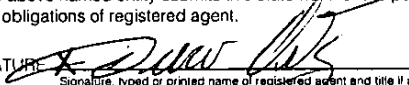
50017444

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2312 Giselle Ct. Suite, Apt. #, etc.	
City & State		City & State St. Cloud, FL	
Zip	Country	Zip	Country
34772	USA	34772	USA

04242006 Chg-P CR2E034 (11/05)	
4. FEI Number 42-1605843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENNEL, JACK 952 WESSON DR CASSELBERRY, FL 32707	
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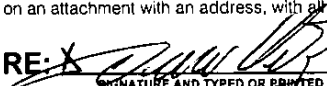
7. Name and Address of New Registered Agent Name Ortiz, Dario J. Street Address (P.O. Box Number is Not Acceptable) 2312 Giselle Ct. City St. Cloud FL Zip Code 34772	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/25/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PENNEL, JACK 952 WESSON DR CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ortiz, Dario J. 2312 Giselle Ct. St. Cloud, FL 34772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Gomez, Maria E. 2312 Giselle Ct. St. Cloud, FL 34772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Dario J. Ortiz, Pres.	DATE 4/25/06 4079579312 Daytime Phone #