


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000116950</b>		
1. Entity Name <b>ARBASOFT, INC.</b>		
Principal Place of Business <b>8513 TIDAL BAY LANE TAMPA, FL 33635-6283 US</b>		Mailing Address <b>5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03062006 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>20-0369724</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>DREW, KELLY 5408 ST JAMES DRIVE NEW PORT RICHEY, FL 34652</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BANERJEE, SHARMISTHA 8513 TIDAL BAY LANE TAMPA, FL 33635</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S BANERJEE, SHARMISTHA 8513 TIDAL BAY LANE TAMPA, FL 33635</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T BANERJEE, SHARMISTHA 8513 TIDAL BAY LANE TAMPA, FL 33635</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BANERJEE, SHARMISTHA 8513 TIDAL BAY LANE TAMPA, FL 33635</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
<b>SIGNATURE:</b> <i>Sharmistha Banerjee</i>		<b>3-11-06</b> <b>727-816-8847</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #