

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120780

Entity Name: AROWSIDE, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2100 AVENUE A
#32E
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1363
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 20-0340039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGAN, PAUL M
1946 N. DAYTONA AVE.
FLAGLER BEACH, FL 32136 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: P () Delete
Name: FAGAN, PAUL M
Address: P.O. BOX 1363
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP () Delete
Name: FAGAN, MICHAEL L
Address: 1946 N. DAYTONA AVE.
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: SEC. () Delete
Name: FAGAN, KATHRYN D
Address: P.O. BOX 1363
City-St-Zip: FLAGLER BEACH, FL 32136 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC. (X) Change () Addition
Name: FAGAN, MICHAEL L
Address: 1946 N. DAYTONA AVE.
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: V.P. (X) Change () Addition
Name: FAGAN, KATHRYN D
Address: P.O. BOX 1363
City-St-Zip: FLAGLER BEACH, FL 32136 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN FAGAN

_____ Electronic Signature of Signing Officer or Director

V.P.

04/11/2007

_____ Date