


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000154593 1. Entity Name ARROWPOINT HOLDINGS, INC.	
--	---

Principal Place of Business 1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102	Mailing Address 1100 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102
---	---

DO NOT WRITE IN THIS SPACE



05192005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-1838877	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE SUITE 300
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT FLOOD, THOMAS 1100 FIFTH AVE S, #201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANKLYN, JOHN A 1100 FIFTH AVE S, #201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCALPINE, MALCOLM 1100 FIFTH AVE S, #201 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: MAY 20/05 DAYTIME PHONE: 416-967-9146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR