

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000154593

1. Entity Name

ARROWPOINT HOLDINGS, INC.



Principal Place of Business

C/O THOMAS FLOOD
SUITE 201, 1100 FIFTH AVENUE SOUTH
NAPLES, FL 34102

Mailing Address

C/O THOMAS FLOOD
SUITE 201, 1100 FIFTH AVENUE SOUTH
NAPLES, FL 34102



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1838877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1100000514973

04/29/06-80194-004 158 75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSDT
NAME FLOOD, THOMAS
STREET ADDRESS 1100 FIFTH AVE S, #201
CITY - ST - ZIP NAPLES, FL 34102

TITLE VPD
NAME WANKLYN, JOHN A
STREET ADDRESS 1100 FIFTH AVE S, #201
CITY - ST - ZIP NAPLES, FL 34102

TITLE CD
NAME MCALPINE, MALCOLM
STREET ADDRESS 1100 FIFTH AVE S, #201
CITY - ST - ZIP 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 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:

Thomas Flood, Pres.

April 17/2006

416-367-9146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #