


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 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
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000707797 04/24/07-80087-020 158.75
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **April 12/2007** **239-649-5445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #