

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154593

Entity Name: ARROWPOINT HOLDINGS, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-1838877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

UNITED STATES REGISTERED AGENTS, INC.
420 S. DIXIE HIGHWAY
SUITE 4B
CORAL GABLES, FL 33146 US

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: JOHN L. HOFMANN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDT () Delete
Name: FLOOD, THOMAS
Address: 1100 FIFTH AVE S, #201
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: WANKLYN, JOHN A
Address: 1100 FIFTH AVE S, #201
City-St-Zip: NAPLES, FL 34102

Title: CD () Delete
Name: MCALPINE, MALCOLM
Address: 1100 FIFTH AVE S, #201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS FLOOD

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04/21/2009

Electronic Signature of Signing Officer or Director

Date