## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000034594

City-St-Zip:

Entity Name: ARROW INDOOR AIR ANALYSIS, INC

FILED Aug 06, 2007 Secretary of State

Entity Nan	ne: ARROVV	NDOOR AIR ANALYSIS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 560414 ROCKLEDGE, FL 329560414				5595 SCHENCK AVE. SUITE 7 VIERA, FL 32940			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 560414 ROCKLEDGE, FL 329560414				5595 SCHENCK AVE SUITE 7 VIERA, FL 32940			
FEI Number:	27-0079666	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Sta	atus Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SHARROW, SHIRLEY M 4300 S.US HWY 1 ROCKLEDGE, FL 32955 US				SHARROW, MICHAEL G 441 WENTHROP CIRCLE ROCKLEDGE, FL 32955 US			
The above in the State	named entity s of Florida.	submits this statement for the pu	urpose of	changing it	s registered	d office or register	ed agent, or both,
SIGNATURE: MICHAEL G. SHARROW				08/06/2007			
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive th	e prior notice	э.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () SHARROW, MIC 441 WENTROP ROCKLEDGE, I	CIRCLE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	on
Title: Name: Address: City-St-Zip:	D () CARON, MICHE 15 CATLIN DRIN BRUNSWICK, M	/E		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	on
Title: Name: Address:	( )	Delete		Title: Name: Address:	SHARROW,	( ) Change (X) Addit MICHAEL G ROP CIRCLE	on

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.

City-St-Zip: ROCKLEDGE, FL 32955

SIGNATURE: MICHAEL G. SHARROW D 08/06/2007