


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041665

1. Entity Name
ARIELLE, INC.



Principal Place of Business 340 TREASURE BOAT WAY SARASOTA FL 34242	Mailing Address 340 TREASURE BOAT WAY SARASOTA FL 34242
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**LEVITT, SANDY
2201 RINGLING BLVD., SUITE 203
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

4. FEI Number **65-1220162** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBINFELD, DAVID	
STREET ADDRESS	340 TREASURE BOAT WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBINFELD, GAIL	
STREET ADDRESS	340 TREASURE BOAT WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	000000503142	
CITY-ST-ZIP	04/26/06-80019-024 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gail Rubinfeld **GAIL RUBINFELD** 4/7/06 (941) 948-4554