## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 10, 2006 8:00 am Secretary of State **DOCUMENT # P04000043318** 1. Entity Name 05-10-2006 90096 020 \*\*\*150.00 ARIO, INC. Mailing Address Principal Place of Business 1488 GULF TO BAY BLVD. 1488 GULF TO BAY BLVD. CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address PRATTUILLE 2133 HWY 82 W Suite, Apt. #, etc. Suite, Apt. #, etc. 05052006 CR2E034 (11/05) Applied For City & State 4. FEI Number City & State PRATTUILLE 20-0859498 Not Applicable PRATTUILLE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, JOHN A Street Address (P.O. Box Number is Not Acceptable) 1488 GULF TO BAY BLVD. CLEARWATER, FL 33755 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, t \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 П Due by/September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition D Delete ME TITLE MILLER, JOHN A NAME NAME 2133 HWY 82 W STREET ADDRESS 1488 GULF TO BAY BLVD. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-7IP PRATTUKLE NC 3 6067 **E** Phange ☐ Addition D ☐ Delete TITLE TITLE NAME NAME MILLER, KAREN L 2133 HWY 82 W STREET ADDRESS STREET ADDRESS 1488 GULF TO BAY BLVD. CITY-ST-ZIP CLEARWATER, FL 33755 CITY-ST-ZIP PRATTUKCE, AC 36067 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

JOHN A MILLEN

FILED