

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087905

Entity Name: ARCADIAN STYLE INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

19 GEORGE TOWN
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

5243 RED CEDAR DR.
24
FORT MYERS, FL 33907 US

New Mailing Address:

4662 DELEON ST
279
FORT MYERS, FL 33907 US

FEI Number: 06-1727066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIAN, GABRIEL
19 GEORGE TOWN
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARIAN, GABRIEL
Address: 19 GEORGE TOWN
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP () Delete
Name: MARIAN, DACIAN
Address: 5243 RED CEDAR DR. #24
City-St-Zip: FORT MYERS, FL 33907 US

Title: S () Delete
Name: CALT, DANIEL M
Address: 5243 RED CEDAR DRIVE #24
City-St-Zip: FORT MYERS, FL 33907 US

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: GABRIEL MARIAN

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date