

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103599

Entity Name: ARIAL APPAREL, INC.

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

32535 WOLF BRANCH LN  
SORRENTO, FL 32776

## New Principal Place of Business:

## Current Mailing Address:

32535 WOLF BRANCH LN  
SORRENTO, FL 32776

## New Mailing Address:

FEI Number: 20-1368816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGNO, SHERRY  
32535 WOLF BRANCH LN  
SORRENTO, FL 32776 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: PTS ( ) Delete  
Name: HARRINGTON, ARIAL  
Address: 32535 WOLF BRANCH LN  
City-St-Zip: SORRENTO, FL 32776

Title: VP ( ) Delete  
Name: MAGNO, SHERRY A  
Address: 32535 WOLF BRANCH LANE  
City-St-Zip: SORRENTO, FL 32776 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHERRY MAGNO

VP

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date