


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90041 005 \*\*\*150.00

<b>DOCUMENT # P04000117309</b>		
1. Entity Name ARASA, INC.		

Principal Place of Business 2503 RIDGEWIND WAY WINDERMERE, FL 34786 US	Mailing Address 2503 RIDGEWIND WAY WINDERMERE, FL 34786 US
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2. Principal Place of Business - No P.O. Box # 4527 Coronado Pkwy Suite, Apt. #, etc.	3. Mailing Address 4527 Coronado Pkwy Suite, Apt. #, etc.
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City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904	Country USA
Zip 33904	Country USA

6. Name and Address of Current Registered Agent LOVELL, DAWN 2503 RIDGEWIND WAY WINDERMERE, FL 34786		7. Name and Address of New Registered Agent Name Lovell, Dawn Street Address (P.O. Box Number is Not Acceptable) 4527 Coronado Pkwy City Cape Coral FL Zip Code 33904	
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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: <u>Dawn Lovell</u>	DATE: <u>4-6-08</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOVELL, DAWN 2503 RIDGEWIND WAY WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Lovell, Dawn 4527 Coronado Pkwy Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOVELL, STEPHEN M 2503 RIDGEWIND WAY WINDERMERE, FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	UD Lovell, Stephen M 4527 Coronado Pkwy Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Dawn Lovell</u>	DATE: <u>4-6-08</u>