

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000142340

Entity Name: ARBOR ONE FINANCIAL INC.

FILED
Sep 21, 2007
Secretary of State

Current Principal Place of Business:

2732 BILLINGHAM DR.
LAND O'LAKES, FL 34639 US

New Principal Place of Business:

17451 DRIFTWOOD LANE
LUTZ, FL 33558 US

Current Mailing Address:

2732 BILLINGHAM DR.
LAND O'LAKES, FL 34639 US

New Mailing Address:

17451 DRIFTWOOD LANE
LUTZ, FL 33558 US

FEI Number: 76-0768458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATOS, HEATHER F
2732 BILLINGHAM DRIVE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

RIVERA, JAMES M
17451 DRIFTWOOD LANE
LUTZ, FL 33558 US

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: JAMES M RIVERA

09/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: RIVERA, JAMES M
Address: 17451 DRIFTWOOD LANE
City-St-Zip: LUTZ, FL 33558 US

Title: DIR (X) Delete
Name: MATOS, HEATHER F
Address: 2732 BILLINGHAM DRIVE
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: DIR (X) Delete
Name: MENDEZ, CHERYL G
Address: 405 LAUREL PARK PLACE
City-St-Zip: SEFFNER, FL 33584 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA (X) Change () Addition
Name: RIVERA, JAMES M
Address: 17451 DRIFTWOOD LANE
City-St-Zip: LUTZ, FL 33558 US

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: JAMES M RIVERA

RA

09/21/2007

Electronic Signature of Signing Officer or Director

Date