


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 006 \*\*\*558.75

<b>DOCUMENT # P05000023882</b>		
1. Entity Name <b>ARA GROUP, INC.</b>		

Principal Place of Business <b>THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2400 MIAMI, FL 33131</b>	Mailing Address <b>THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2400 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>6600 S.W. 57 AVENUE</b> Suite, Apt. #, etc. <b>200</b>	3. Mailing Address <b>6600 S.W. 57 AVENUE</b> Suite, Apt. #, etc. <b>200</b>
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City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33143</b>	Country <b>USA</b>

07112006 Chg-P CR2E034 (11/05)



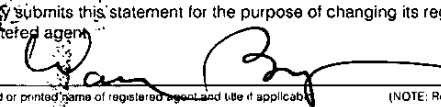
4. FEI Number <b>20-2378016</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DANIELS, NICHOLAS M THERREL BAISDEN, P.A. ONE SE 3RD AVE STE 2400 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name <b>WARREN BRYER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6600 S.W. 57 AVENUE #200</b>	
City <b>MIAMI</b>	FL Zip Code <b>33143</b>

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 	DATE <b>7-12-06</b>
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>D ABRAHAM, ANTHONY R 6600 SW 57TH AVE MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	<b>ANTHONY R. ABRAHAM</b>	<b>7/20/2006</b>	<b>305-665-2222</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER		Date	Daytime Phone #