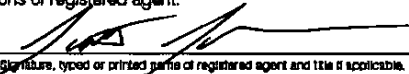
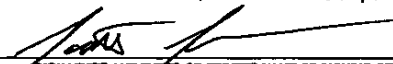


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 046 ***150.00

DOCUMENT # P05000028728 1. Entity Name ARS BUSINESS SOLUTIONS, INC.					
Principal Place of Business JACKSONVILLE, FL 32225			Mailing Address JACKSONVILLE, FL 32225		
2. Principal Place of Business 952 Mystic Harbor Drive Suite, Apt. #, etc.		3. Mailing Address 952 Mystic Harbor Drive Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-2444316	
Zip 32225		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALRON ENTERPRISES, INC. 3990 MINTON ROAD W MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Scott Shaw Street Address (P.O. Box Number is Not Acceptable) 952 Mystic Harbor Drive City Jacksonville FL Zip Code 32225	
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  Scott Shaw, Reg. Agent 02/15/06 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, SCOTT ☐ Delete 952 Mystic Harbor Drive JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Shaw, Scott ☒ Change ☐ Addition 952 Mystic Harbor Drive Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shaw, Kamie ☐ Change ☒ Addition 952 Mystic Harbor Drive Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Acadimia, Bruce L. ☐ Change ☒ Addition 952 Mystic Harbor Dr. Jacksonville, Florida 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Scott Shaw, Director		02/15/06 904-371-2472	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	