## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000040962

3739 POMPANO CT

GOTHA, FL 32835

Address:

City-St-Zip:

Entity Name: ARROWPOINT TECHNOLOGY SOLUTIONS, INC.

FILED Jul 15, 2006 Secretary of State

Current Principal Place of Business:			New Principa	New Principal Place of Business:		
3739 POM GOTHA, F						
Current Mailing Address:			New Mailing	New Mailing Address:		
3739 POMPANO CT GOTHA, FL 32835				4222 WILLOW BAY DR WINTER GARDEN, FL 34787		
FEI Number	: 20-2663970	FEI Number Applied For()	FEI Number Not Applicat	ole ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	/ILLARD F .OW BAY DR GARDEN, FL					
	named entity e of Florida.	γ submits this statement for the μ	ourpose of changing its r	egistered office or registered agent, or both,		
SIGNATUR	RE:					
	Electro	onic Signature of Registered Age	ent	Date		
		193(2)(b), F.S., the corporation did no	ot receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VT ( GEARHARDT 4471 SOUTH DAYTON, OH	ERN BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GATES, ROS 4222 WILLO		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	V ( PADAMONSK 12120 LAKE AUSTIN, TX	STONE DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name:	V ( REDMAN, KIN	) Delete MBERLY A	Title: P Name: RI	(X) Change()Addition EDMAN, KIMBERLY A		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

3739 POMPANO CT

GOTHA, FL 32835

SIGNATURE: KIMBERLY A REDMAN P 07/15/2006