

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045435

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: ARROWHEAD ALPACAS, INC.

## Current Principal Place of Business:

2955 SE 4TH PLACE  
HOMESTEAD, FL 33033 US

## New Principal Place of Business:

227 LANE 9  
POWELL, WY 82435 US

## Current Mailing Address:

2955 SE 4TH PLACE  
HOMESTEAD, FL 33033 US

## New Mailing Address:

P.O. BOX 901348  
HOMESTEAD, FL 33090 US

FEI Number: 20-2643898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPP, EDWIN  
2955 SE 4TH PLACE  
HOMESTEAD, FL 33033 US

## Name and Address of New Registered Agent:

SAPP, EDWIN  
P.O. BOX 901348  
HOMESTEAD, FL 33090 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: EDWIN SAPP

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAPP, EDWIN B  
Address: 2955 SE 4TH PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D ( ) Delete  
Name: SAPP, PAUL W  
Address: 27900 SW 160TH AVE.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: D ( ) Delete  
Name: SAPP, PHILLIP B  
Address: 1021 ADAMS AVE. - UNIT D  
City-St-Zip: HOMESTEAD, FL 33034 US

Title: D ( ) Delete  
Name: SAPP, MEGAN K  
Address: 27900 SW 160TH AVE.  
City-St-Zip: HOMESTEAD, FL 33031 US

Title: D ( ) Delete  
Name: SAPP, JAN M  
Address: 2955 SE 4TH PLACE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: D ( ) Delete  
Name: SAPP, JACQUILINE K  
Address: 1021 ADAMS AVE. - UNIT D  
City-St-Zip: HOMESTEAD, FL 33034 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SAPP, EDWIN B  
Address: P.O. BOX 901348  
City-St-Zip: HOMESTEAD, FL 33090 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: EDWIN B SAPP

P

01/06/2006

Electronic Signature of Signing Officer or Director

Date