

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000120852

1. Entity Name
ARKOUB INC.



Principal Place of Business
110 S. ORLANDO AVE. #146
ORLANDO, FL 32889

Mailing Address
110 S. ORLANDO AVE. #146
ORLANDO, FL 32889

2. Principal Place of Business

1770 SW 60TH AVE

3. Mailing Address

1770 SW 60TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA

City & State
OCALA

Zip 34474

Zip 34470

Country MARION

Country MARION

6. Name and Address of Current Registered Agent

ARKOUB, SALAH
110 S. ORLANDO AVE. #146
ORLANDO, FL 32889

01312006 Chg-P CR2E034 (11/05)

4. FEI Number 203390955 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name ARKOUB SALAH

Street Address (P.O. Box Number is Not Acceptable)

1770 SW 60TH AVE

City OCALA FL Zip Code 34474

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: *Sam Arkous*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PTSD
NAME ARKOUB, SALAH
STREET ADDRESS 110 S. ORLANDO AVE. #146
CITY-ST-ZIP ORLANDO, FL 32889

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Sam Arkous*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/06 352-237-2714
Date Daytime Phone #