2007 FOR PROFIT CORPORATION

Feb 26, 2007 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P05000132598** ARTHUR'S GENERAL SERVICE, INC. Mailing Address Principal Place of Business STE E-114 5055 NW 36TH ST STE E-114 5055 NW 36TH ST LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3833297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE, FL 33311 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST. TITLE NAME FRANCIS, ARTHUR U00000648861 03/07/07-80026-007 150.00 STREET ADDRESS STE E-114 5055 NW 36TH ST CITY-ST-ZIP LAUDERDALE LAKES, FL 33319 TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplied that it is an 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 traffice 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 attachme

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davilme Phone #

FILED