## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000135752

Entity Name: ARKIVA, INC.

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5411 N. UNIVERSITY DRIVE				5411 N. UNIVERSITY DRIVE		
SUITE 201 CORAL SPRINGS, FL 33067				SUITE 202 CORAL SPRINGS, FL 33067		
Current Mailing Address:				New Mailing Address:		
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5411 N. UNIVERSITY DRIVE SUITE 201 CORAL SPRINGS, FL 33067			5411 N. UNIVERSITY DRIVE SUITE 202 CORAL SPRINGS, FL 33067			
FEI Number:	61-1495201	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
	36TH STREET	AGENTS, INC.				
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE:						
	Electronic	Signature of Registered Agen	it			Date
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ROBERSON, BR	Y DRIVE, SUITE 202		Title: Name: Address: City-St-Zip:	GOLDBERG, 5411 UNIVER	X) Change ()Addition ZACHARY J SITY DRIVE, SUITE 202 NGS, FL 33067
Title: Name: Address: City-St-Zip:	GOLDBERG, KE	Y DRIVE, SUITE 202		Title: Name: Address: City-St-Zip:	GOLDBERG, 5411 UNIVER	X) Change ()Addition KENNETH SITY DRIVE, SUITE 202 NGS, FL 33067
Title: Name: Address: City-St-Zip:	GOLDBERG, ZA	Y DRIVE, SUITE 201		Title: Name: Address: City-St-Zip:	ROBERSON, 5411 UNIVER	X) Change()Addition BRUCE SITY DRIVE, SUITE 202 NGS, FL 33067
Title: Name: Address: City-St-Zip:	WOOD, RANDAL	Y DRIVE, SUITE 202		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MAHLER, MARTI	Y DRIVE, SUITE 202		Title: Name: Address: City-St-Zin:	MAHLER, MAI 5411 UNIVER	X) Change ()Addition RTIN SITY DRIVE, SUITE 202 NGS FI 33067

I hereby certify that the information supplied with this filing does not qualify 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: ZACHARY J. GOLDBERG DCEO 02/10/2009