

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000054994</b> 1. Entity Name <b>ARISEN ENTERPRISES INC</b>				<b>FILED</b> <b>07 SEP 19 AM 7:41</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>7848 CATALINA CIRCLE</b> <b>TAMARAC, FL 33321 US</b>		Mailing Address <b>7848 CATALINA CIRCLE</b> <b>TAMARAC, FL 33321 US</b>			
2. Principal Place of Business - No P.O. Box # <b>8070 NW 96 TER</b> Suite, Apt. #, etc. <b>Unit # 304</b> City & State <b>TAMARAC FL</b> Zip <b>33321</b> Country <b>USA</b>		3. Mailing Address <b>8070 NW 96 TER</b> Suite, Apt. #, etc. <b>Unit 304</b> City & State <b>TAMARAC FL</b> Zip <b>33321</b> Country <b>USA</b>			
4. FEI Number <b>20-4714935</b>		Chg-P <b>CR2E034 (12/06)</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>JONES, PHYLLIS M</b> <b>7848 CATALINA CIRCLE</b> <b>TAMARAC, FL 33321</b>	
7. Name and Address of New Registered Agent Name <b>Phyllis M Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>8070 NW 96 TER</b> <b>Unit 304</b> <b>TAMARAC FL 33321</b> City <b>FL</b> Zip Code <b>33321</b>		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 <b>Phyllis M Jones</b> DATE <b>9/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>JONES, PHYLLIS M</b> STREET ADDRESS <b>7848 CATALINA CIRCLE</b> CITY-ST-ZIP <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE <b>400110231874</b> NAME <b>10/03/07--01031--015</b> STREET ADDRESS <b>**150.00</b> CITY-ST-ZIP <b>10/03/07--01031--015</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b> NAME <b>JONES, SYLVESTER A</b> STREET ADDRESS <b>206 MAIN STREET, UNIT 5</b> CITY-ST-ZIP <b>ANSONIA, CT 06401</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 empowerments.					
SIGNATURE: <b>Phyllis M Jones</b> DATE: <b>9/14/07</b> DAYTIME PHONE: <b>954-650-8176</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					