## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000084726  1. Entity Name ARNEC, INC.					04-28-2008 90334 040 ***150.00					
Principal Plac	e of Business		•	اب						
20 WHITE MARSH CIR Orlando, Fl. 32824		20 WHITE MARSH CIR Orlando, Fl. 32824		:						
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2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number	- 1314	447	-	plied For t Applicable	
Zip -			Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
NOLAN, JA	AMES D	Name								
20 WHITE MARSH CIR: ORLANDO, FL 32824				Street Address (P.O. Box Number is Not Acceptable)						
				City				Zip Code		
B. The change of the control of the					<del></del>		FL	!	1	
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										
FILE NOW!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution					.00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11	
TITLE	D Delete Trit					- 1	Change	Addition		
NAME STREET ADORESS	NOLAN, JAMES D 20 WHITE MARSH CIR		NAM STEE	EET ADORESS						
CITY-ST-ZIP	ORLANDO, FL 32824			-ST-ZIP						
TITLE	D	☐ Delete	1171	E		<del></del>		Change	Addition	
NAME	NOLAN, MARGARET M	ė.	NAM	l l					j	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '-ST-ZIP						
TITLE	OKLANDO, FL 32024	☐ Detete	וווו	<del></del>			<u> </u>	- Change	- Addition	
NAME			NAM	l				Change	Addition	
STREET ADDRESS			10	ET ADORESS						
CITY-ST-ZIP				'-ST-Z)P						
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CITY-ST-ZIP			צוינט	'-SI-ZIP						
TITLE	. ————————————————————————————————————	☐ Delete	រមក			<del></del>		Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS						
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TITLE	······································	☐ Delete	TITU	E T				Change	Addition	
NAME			NAM	-				-		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS '-ST-ZIP						
<b>L</b>	certify that the information expedied with	this filing does not a set a			in Chamber 110	Glorido Ctobato - 1	further and	, that +- '-		
12. I hereby certify that the information exoplied with this filing does not quality 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 trysted 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 or provinced.										