## -2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 20, 2006 08:00 AN **DOCUMENT # P93000025686 Secretary of State** 1. Entity Name ARROW MARKETING GROUP, INC. Principal Place of Business Mailing Address 2840 NE 22ND AVE 2840 NE 22ND AVE LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0408071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MULKEY, JAMES SR DO NOT WRITE 2840 NE 22ND AVE. LIGHTHOUSE POINT, FL 33064 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MULKEY, JAMES NAME 2840 NE 22ND AVE STREET ADDRESS U00000441586 03/03/06-80041-017 150.00 CITY-ST-ZIP LIGHTHOUSE POINT, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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:

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

OFFICER OR DIRECTOR