
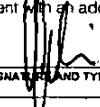


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 001 \*\*\*150.00

<b>DOCUMENT # P93000035846</b>					
<b>1. Entity Name</b> ARRU INVESTMENT CORP.					
<b>Principal Place of Business</b> 385 N. POINT RD. #1001 OSPREY, FL 34229 US			<b>Mailing Address</b> <del>1050 RINGLING BLVD</del> <del>SARASOTA, FL 34236</del> US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 1990 Main Street Suite 801			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sarasota FL			
Zip	Country	Zip 34236	Country US	<b>4. FEI Number</b> 65-0407046	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GLENDINNING, RENE M CPA <del>1050 RINGLING BLVD</del> <del>SARASOTA, FL 34236</del>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street Suite 801 City Sarasota FL Zip Code 34236		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> OPRANDI, ARTHUR <b>STREET ADDRESS</b> 385 N. POINT RD. #1001 <b>CITY-ST-ZIP</b> OSPREY, FL 34229	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> OPRANDI, RUTH <b>STREET ADDRESS</b> 385 N. POINT RD. #1001 <b>CITY-ST-ZIP</b> OSPREY, FL 34229	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>ARTHUR V. OPRANDI, PRES.</b> <b>1-16-06</b> <b>941 966-0942</b>					