2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000006900

1. Entity Name
ARENA II, INC.

Principal Place of Business	Mailing Address
6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

03042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3228725	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRADEEP, PATEL
6545 HIIDEN BEACH CIR
ORLANDO, FL 32819

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, PRADEEP
STREET ADDRESS	6545 HIDDEN BEACH CIRCLE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VS
NAME	DAKSHA, PATEL P
STREET ADDRESS	6545 HIDDEN BEACH CIR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ PRADEEP PATEL, 03/04/07   407-284-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #