
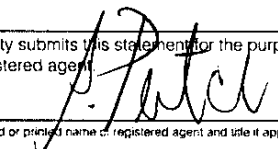
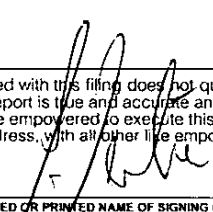


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 001 ***150.00

DOCUMENT # P94000006900 1. Entity Name ARENA II, INC.			
Principal Place of Business 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819		Mailing Address 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 9101 SOUTHERN BREEZE DR		3. Mailing Address 9101 SOUTHERN BREEZE DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ORLANDO, FL.		City & State ORLANDO, FL.	
Zip 32836		Country U.S.A.	
4. FEI Number 59-3228725		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRADEEP, PATEL 6545 HIDDEN BEACH CIR ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name PRADEEP PATEL Street Address (P.O. Box Number is Not Acceptable) 9101 SOUTHERN BREEZE DR City ORLANDO, FL Zip 32836	
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 		DATE 01/31/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PATEL, PRADEEP <input checked="" type="checkbox"/> Delete STREET ADDRESS 6545 HIDDEN BEACH CIRCLE CITY-ST-ZIP ORLANDO, FL	TITLE P NAME PATEL PRADEEP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 9101 SOUTHERN BREEZE DR CITY-ST-ZIP ORLANDO, FL. 32836	TITLE VS NAME DAKSHA, PATEL P <input checked="" type="checkbox"/> Delete STREET ADDRESS 6545 HIDDEN BEACH CIR CITY-ST-ZIP ORLANDO, FL 32819	TITLE VS NAME PATEL DAKSHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 9101 SOUTHERN BREEZE DR CITY-ST-ZIP ORLANDO, FL 32836
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
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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 empowered.			
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRADEEP PATEL Date 01/31/08 Daytime Phone # 407-362-0101	