

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 13, 2006 8:00 am
Secretary of State

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01302006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000054896 1. Entity Name ARENA MANAGEMENT GROUP, INC.					
Principal Place of Business 101 PARK PLACE BLVD. SUITE 2 KISSIMMEE, FL 34741			Mailing Address 101 PARK PLACE BLVD. SUITE 2 KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3269832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUDLAM, LESLIE 101 PARK PLACE BLVD. SUITE 2 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete LUDLAM, LESLIE 3485 W. VINE STREET KISSIMMEE, FL 34741		TITLE	Pd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leslie Ludlam 101 Park Place Blvd, Suite 2 Kissimmee, FL 34741	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete ARENA, WALTER 3485 W. VINE STREET KISSIMMEE, FL 34741		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Arena 101 Park Place Blvd. Suite 2 Kissimmee, FL 34741	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete LUDLAM, LESLIE 3485 W. VINE STREET KISSIMMEE, FL 34741		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Leslie Ludlam 101 Park Place Blvd. Suite 2 Kissimmee, FL 34741	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Leslie Ludlam</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-1-06</u> <small>Date</small>		
			<small>Daytime Phone #</small>		