

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90028 004 ***550.00

DOCUMENT # P95000042829 1. Entity Name ARNT U. GLADUFOUNDUS, INC.																																																																																																																													
Principal Place of Business 45 12TH AVE. S STE 225 NAPLES, FL 34102 US			Mailing Address 745 12TH AVE S SUITE G NAPLES, FL 34102 US																																																																																																																										
2. Principal Place of Business <i>600 Neapolitan Way</i> Suite, Apt. #, etc. <i>Unit 159</i> City & State <i>Naples FL</i> Zip <i>34103</i> Country <i>Collier</i>		3. Mailing Address <i>600 Neapolitan Way</i> Suite, Apt. #, etc. <i>Unit 159</i> City & State <i>Naples FL</i> Zip <i>34103</i> Country <i>Collier</i>																																																																																																																											
03162006 Chg-P CR2E034 (11/05)																																																																																																																													
4. FEI Number 65-0604318				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 FLOCK, TIMOTHY J 2777 LAKEVIEW DR NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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: <i>Timothy J. Flock</i> 3/16/03 <small>Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating)</small> DATE																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
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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: <i>Timothy J. Flock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/16/03 239-263-3146 <small>Date Daytime Phone #</small>																																																																																																																									