2006 FOR PROFIT CORPORATION

FILED Mar 27, 2006 08:00 AM Secretary of State

	AMMUAL	REPURI		-	Secret	ary or State
	MENT # P96000025					
1. Entity Name MARLA S. ARROW COURT REPORTING, INC.						
WALLET C	S. ARROW GOORT REPORT	, , , , , , , , , , , , , , , , , , , ,				
Principal Plac	e of Business	Malling Address]		
8951 SW 6T		8951 SW 6TH COURT				
PLANTATION	V, FL 33324	PLANTATION, FL 33324				
]	18 303 B 0333 00133 00134 00134	BB318 (1888 B11)3 (8883 B838 B838 B83888) 11 1883
			03122006	No Chg-P	CR2E034 (11/05)	
E	O NOT WRITE	CE	4. FEI Numb			
				65-07		Not Applicab
				5. Certificate	e of Status Desired	\$8.75 Additional
	6. Name and Address of Current F	legistered Agent		<u> </u>		rea required
ARROW, I 8951 SW	MARLA S 6TH COURT	DO NOT WRITE				
PLANTATION, FL 33324			IN THIS SPACE			
		•		11.4	THIS SEA	-CL
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed affice or register	red agent, or bo	oth, in the State of Flori	da. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent a	no title d eppircable [NOTE: Registers	d Agert signature required	when reinstating)		DATE
6 Floation Floating Floating				****		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND I	DIRECTORS	<u> </u>		L	· · · · · · · · · · · · · · · · · · ·
TITLE	PVST					
name Street address	ARROW, MARLA S 8951 SW 8TH COURT					
CITY-ST-ZIP	PLANTATION, FL 33324				U 0 000	0481865
TITLE			1		04/11/06	-80052-003 150 .0 0
name Street address						
CITY-ST-ZIP						
TITLE		·····	1			
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NAME						
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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 eath; 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Harla S. Jurion Maria S. Arrow SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE OF DIRECTOR

3-21-06