2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060853

Entity Name: ARROW GROUP, INC

City-St-Zip:

PEMBROKE PINES, FL 33029

FILED Jan 10, 2009 Secretary of State

| Littly Nai | IIIE. ARROW | GROOF, INC. | | | |
|---|---------------------------------------|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
| | 201 AVENUE KE PINES, FL | 33029 | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| | 201 AVENUE KE PINES, FL | 33029 | | | |
| FEI Number: | : 65-0703705 | FEI Number Applied For (|) FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agen | t: Name and Address of | Name and Address of New Registered Agent: | |
| 321 NW 20 | S, RICKKI D 01AVE KE PINES, FL | 33029 US | | | |
| The above in the State | named entity e of Florida. | submits this statement for | the purpose of changing its registered of | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registere | d Agent | Date | |
| Election Car | mpaign Financir | ng Trust Fund Contribution () | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | SOVERNS, RI 321 N.W. 201 | | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | WEST, CLINTO 321 N.W. 201 | | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: | STD (STARK, DAVID 321 N.W. 201 | | Title: (Name: Address: |) Change ()Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICKKI SOVERNS PD 01/10/2009