2004 FOR PROFIT CORPORATION

Apr 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P96000064659** 1. Entity Name AR-SEL INCORPORATED Principal Place of Business Mailing Address 140 INDIAN BAYON ROAD 140 INDIAN BAYON ROAD DESTIN, FL 32541 DESTIN, FL 32541 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 59-3393790 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BALES, JAMES W DO NOT WRITE 140 INDIAN BAYON ROAD DESTIN, FL 32541 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE H00000123844 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/22/04-80021-003 150.00 OFFICERS AND DIRECTORS 10. TITLE BALES, JAMES W NAME 140 INDIAN BAYON ROAD STREET ADDRESS DESTIN, FL 32541 011Y - 51 - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-57-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.171.7 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 charged, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

Daytime Phone #