2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME STREET ADDRESS CHY-ST-ZIP THEE Delete NAME STREET ADDRESS CHY-ST-ZIP Change Addition NAME STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	1. Entity Nan	ne 💬	# P9700007 ARS NEWS, INC				A	apr 30, 2005 Secretary	08:00 of Sta	0 AM te	
Suite, April #, etc.	8130 BAYM #307	EADOWS (DIR W	P.O. BOX 550926	P.O. BOX 550926						
City & State City & State Desired	2. Principal F	Place of Busin	ness	3. Mailing Address	3. Mailing Address						
Section Sect	Suite, Apt	#, etc		Suite, Apt #, etc.	Suite, Apt #, etc.			st MOORE CR	2E034 (10/0	94)	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent HYATT, HELEN B130 BAYMEADOWS CIR W B1307 JACKSONVILLE FL 32256 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligation of registered agent, or both, in the State of Florida. Tem familiar with a familiar accept the purpose of changes agent accepts and purpose of registered agent, or both, in the State of Florida. Tem familiar with a familiar accept the familiar accepts and familiar	City & State			City & State	City & State			⁵⁹⁻³⁴⁷¹³⁵⁷	Ĺ		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED