## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2006 08:00 AM Secretary of State

				-		Secretary of St	
DOCUMENT # P9800004865  1. Entity Name ARANAR, INC.				Secretary of St			
312 CLEMATIS ST. STE 407		Mailing Address 312 CLEMATIS ST. STE 407 WEST PALM BEACH, FL 33403			<b>a</b> 16181 48111 88144 88111 881		
D	O NOT WRITE	IN THIS SPA	CE	07062006	No Chg-P	CR2E034 (11/05)	
	6. Name and Address of Current R	distribution distribution of the second seco	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	65-082		\$8.75 Additional Fee Required	
3474 S. O	, JEFFREY H CEAN BLVD. ACH, FL 33480	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent and		ed office or registe		oth, in the State of Fid 10000 97./12/06	orida I am familiar with, and accept 10569639 <del>1-90327 1-022 150 , 0</del> 0	
FILE NOWIII FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Financian Fund Contribution				.00 May Be led to Fees	In accordance corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.	
10.	OFFICERS AND D	IRECTORS 1	1		1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, JEFFERY H 3474 S. OCEAN BLVD. PALM BEACH, FL 33480			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS		1,5			,	•	

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-DIAMOND

07.06.06

561.833,008

Daytime Phone #