

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P98000018693</b> 1. Entity Name <b>ARRAKIS PUBLISHING, INC.</b>					
Principal Place of Business <b>377 FOLLOW THAT DREAM PKWY INGLIS, FL 34449</b>			Mailing Address <b>377 FOLLOW THAT DREAM PKWY INGLIS, FL 34449</b>		
2. Principal Place of Business <b>8709 W. RIVERWOOD DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8709 W. RIVERWOOD DR.</b> Suite, Apt. #, etc.			
City & State <b>CRYSTAL RIVER, FL</b>		City & State <b>CRYSTAL RIVER, FL</b>		4. FEI Number <b>59-3505597</b>	
Zip <b>34428</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZEIGLER, JOSEPH S 377 FOLLOW DREAM PKWY INGLIS, FL 34449</b>				7. Name and Address of New Registered Agent Name <b>ZEIGLER, JOSEPH S</b> Street Address (P.O. Box Number is Not Acceptable) <b>8709 W. RIVERWOOD DR.</b> City <b>CRYSTAL RIVER</b> <b>FL</b> Zip Code <b>34428</b>	
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: <b>JOSEPH S. ZEIGLER</b> <span style="float: right;">11/28/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERRON, CARRIE A</b> <b>5905 N. HIGHLAND PARK DRIVE</b> <b>HERNANDO, FL 34442</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>ZEIGLER, JOSEPH S</b> <b>8709 W. RIVERWOOD DR.</b> <b>CRYSTAL RIVER, FL 34428</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HERRON, JEREMY T</b> <b>5905 N HIGHLAND PARK DRIVE</b> <b>HERNANDO, FL 34442</b>	<input checked="" type="checkbox"/> Delete	<div style="text-align: center;"> <b>400082178184</b>  <b>11/30/05--01045--005 **70.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <b>JOSEPH S. ZEIGLER</b> <span style="float: right;">11/28/2006 (352)563-0743</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					