2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUMENT # P98000018693 1. Entity Name ARRAKIS PUBLISHING, INC.				The second secon				
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2. Principal Place of Business 3. Mailing Address			OF TON					
8709 W. RIVERWOOD DR. 8709 W. RIVERN Suite Apt. #, etc. Suite, Apt. #, etc.			KNOOD DK.					
Suite, Apr.	#, BIG.	Suite, Apr. #, etc.		11152006	Chg-P	CR2E034 (11/05)	
City & State . City & State				4. FEI Numbe			Applied For	
CRYSTAL RIVER; FL COUNTRY Zip 34928		CIVER, FL	59-350		\rightarrow	Not Applicable		
Zip	Country	Zip 3 (17) To	Country			\$8.75 A	dditional	
34	428 CITRUS	34428	$C_{i}TRUS$	5. Cerincate	of Status Desired	Fee Requi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name 7F16					GLER. JOSEPH S			
	JOSEPH S	~		Street Address (P.O. Box Number is Not Acceptable)				
377 FOLLOW DREAM PKWY INGLIS, FL 34449				Street Address (F.O. Box Humber is Not Acceptable)				
INGLIS, FL 34449			8709 W	8709 W. RIVERWOOD DR.				
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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 JOSEPH S. ZEIGLER 11/28/2006								
	Signature, poed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees								
		Trader and Contin	COLIGIT. L. AL	AJOU IO 1 GGS			1	
10.	OFFICERS AND	DIRECTORS	11.		CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
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NAME	HERRON, CARRIE A	NAME ZEI	GLER, J	OSEPH S RWOOD I	OR.			
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CITY-ST-ZIP	HERNANDO, FL 34442			STAL KI	UER, FL	_		
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this report or supplemental report is reporation or the receiver or trustee emp	n this filling does not qualify for s true and accurate and that m owered to execute this report a	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contain y signature shall have the	e same legal effe	ct as if made under	I further certify that the oath; that I am an offic	information er or director	
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the co	d on this report or supplemental report is reportation or the receiver or trustee empty, or on an attention with an address,	this filling does not qualify for true and accurate and that m owered to execute this report a with all other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contain y signature shall have the as required by Chapter 6 PAS ZEIGLE	e same legal effe 07, Florida Statute	ct as if made under es; and that my nam	further certify that the oath; that I am an office appears in Block 10	information er or director or Block 11 if	