
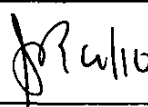
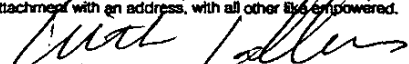


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 10 PM 12:44

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028939					
1. Entity Name ARLINGTON PARTNERS, INC.					
Principal Place of Business 13680 NW 5TH STREET SUITE 100 SUNRISE, FL 33325 US			Mailing Address 13680 NW 5TH STREET SUITE 100 SUNRISE, FL 33325 US		
2. Principal Place of Business - No P.O. Box # 12905 SW 42nd Street Suite, Apt. #, etc. Suite 212 City & State Miami, FL Zip 33175 Country USA		3. Mailing Address 12905 SW 42nd Street Suite, Apt. #, etc. Suite 212 City & State Miami, FL Zip 33175 Country USA		03202007 Chg-P. CR2E034 (12/06)	
4. FBI Number 65-0824241				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COLLINS, KEITH 13680 NW 5TH ST, SUITE 100 SUNRISE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Collins, MD, Keith 12905 SW 42nd Street, Suite 212 Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300097293663 04/18/07--01005--022 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE: 			Keith Collins, M.D., President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		