2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P98000071657 1. Entity Name . 94-19-2004 90395 015 ***158.75 ARA DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 3711 NE 31ST. AVE LIGHTHOUSE POINT FL 33064 3565 NE 31ST AVE LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business 3465 NE 31St AVE 3445 NE 315 AVE Suite, Apt. #, etc. CR2E034 (11/03) MOORE City-& State City & State 4. FEI Number Applied For 65-0858045 16NTHOUSE Point UBHTHOUSE MINY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTHONY, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 3565 NE 31TH AVE 3465 NE 314 LIGHTHOUSE POINT FL 33064 City L. 1.J. P 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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 DSVP Dresident/ Director P/D TITLE ☐ Delete TITLE XI Change Addition PHILLIP ANTHONY 3465 NE 3151 AVE NAME ANTHONY, PHILLIP MARAE 3565 NE 31ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 46HT HOUSE POINT, FL. 33064 SECRETARY = S/D TSD Change TITLE Delete TITLE ☐ Addition NAME ANTHONY, SYBIL NAME SYBIL ANTHONS 3465 NE 3151 Ave. 3565 NE 31ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP LIGHTHOUSE POINT, FC. 33064 VICE PRESIDENT = VI Change TITLE Delete. TITLE NAME NEIL ANTHONY NAME ANTHONY, NEIL STREET ADDRESS 10541 GALLERIA STREET STREET ADDRESS 1024 F GREEN PINE BLVD CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP WELLINGTON FL 3.34/4 ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

FILED