

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

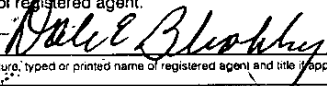
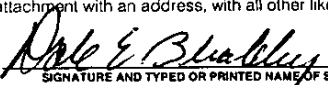
**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90305 028 \*\*\*150.00

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04142005 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # P98000092822</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                                |                                                                                                                                   |
| 1. Entity Name<br><b>ARIPEKA HOLDING COMPANY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                                                                                                                 |                                                                                                                                   |
| Principal Place of Business<br><b>105 DUNBAR AVE.<br/>SUITE D<br/>OLDSMAR, FL 34677-2950</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Mailing Address<br><b>105 DUNBAR AVE.<br/>SUITE D<br/>OLDSMAR, FL 34677-2950</b>                                                                                                                                                |                                                                                                                                   |
| 2. Principal Place of Business<br><b>3870 Tampa Rd<br/>Suite, Apt. #, etc.<br/>Suite E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              | 3. Mailing Address<br><b>3870 Tampa Rd<br/>Suite, Apt. #, etc.<br/>Suite E</b>                                                                                                                                                  |                                                                                                                                   |
| City & State<br><b>Oldsmar FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              | City & State<br><b>Oldsmar FL</b>                                                                                                                                                                                               |                                                                                                                                   |
| Zip<br><b>34677</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                      | Zip<br><b>34677</b>                                                                                                                                                                                                             | Country                                                                                                                           |
| 4. FEI Number<br><b>59-3559247</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                          |                                                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                           |                                                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>FIGURSKI, GERALD A<br/>2435 U.S. HIGHWAY 19 NORTH<br/>SUITE 350<br/>HOLIDAY, FL 34691</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br><b>Dale E Bleakley</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3870 Tampa Rd, Ste E</b><br>City<br><b>Oldsmar</b> <b>FL</b> Zip Code<br><b>34677</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.<br>SIGNATURE:  <b>Dale E. Bleakley</b> <b>4-15-05</b><br>(NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                            |                                                                                                              |                                                                                                                                                                                                                                 |                                                                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                          |                                                                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                           |                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DPVS<br>BLEAKLEY, DALE E<br>105 DUNBAR AVE., STE. D<br>OLDSMAR, FL 346772950 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3870 Tampa Rd, Ste E<br/>Oldsmar, FL 34677</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                              |                                                                                                                                                                                                                                 |                                                                                                                                   |
| SIGNATURE:  <b>Dale E Bleakley, President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | <b>4-15-05</b> 813-855-5704                                                                                                                                                                                                     |                                                                                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | Date Daytime Phone #                                                                                                                                                                                                            |                                                                                                                                   |