

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90217 023 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P99000052052</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                 |                                                                                                                                      |  |         |
| 1. Entity Name:<br><b>ARTHUR ARTHUR INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |
| Principal Place of Business<br><b>6542 US HWY 41 N STE 205A<br/>APOLLO BEACH, FL 33572</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                                                 | Mailing Address<br><b>6542 US HWY 41 N STE 205A<br/>APOLLO BEACH, FL 33572</b>                                                       |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                 | 3. Mailing Address                                                                                                                   |                                                                                   |         |
| Surre. Apt. #, Rm.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                 | Surre. Apt. #, Rm.                                                                                                                   |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                 | City & State                                                                                                                         |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Country                                                                                                         | Zip                                                                                                                                  |                                                                                   | Country |
| 4. FEI Number<br><b>59-3580445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                 | \$8.75 Additional Fee Required                                                                                                       |                                                                                   |         |
| 6. Name and Address of Current Registered Agent<br><b>HEYWORTH-DAVIS, SIMON J<br/>2600 WESTERN PARKWAY<br/>ORLANDO, FL 32803</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Applicable)<br>City <b>FL</b> Zip Code |                                                                                   |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, as here, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or stamped name of individual agent and title is acceptable (N/A): Registered Agent signature required when applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>P<br/>ARTHUR, DIANNA<br/>206 LOOKOUT DRIVE<br/>APOLLO BEACH, FL 33572</b>          | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CEO<br/>FOSTER FELL, JEREMY<br/>206 LOOKOUT DRIVE<br/>APOLLO BEACH, FL 33572</b>   | <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>CFO<br/>HEYWORTH-DAVIS, SIMON J<br/>2600 WESTERN PARKWAY<br/>ORLANDO, FL 32803</b> | <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 submitted with this report does not qualify for the exception stated in Section 110.07(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 partner 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 information. |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |
| SIGNATURE: <u>Jeremy Foster-Fell</u> <b>4/21/04 8136459700</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       |                                                                                                                 |                                                                                                                                      |                                                                                   |         |

Attachment

ArthurArthur (Miami) Inc.,

#P99000052052

6542 U.S. Highway 41 N.  
Suite 205A  
Apollo Beach  
Florida 33572

Tel 813 645 9700 Fx 813 645 9797  
State License # TA 617  
SAG Franchised (Central Florida)  
Website [www.ArthurArthur.com](http://www.ArthurArthur.com),

245 S.E. 1st Street  
Suite 406  
Miami,  
Florida 33131

Tel 305 995 5889 Fx 305 579 5998  
State License # TA 679  
SAG Franchised (Southern Florida)  
E mail. [ArtArtInc@aol.com](mailto:ArtArtInc@aol.com)

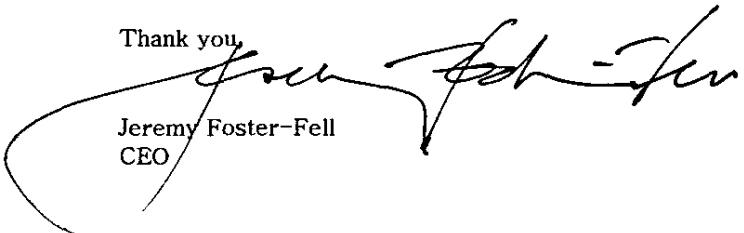
Division of Corporations,  
Florida Department of State,  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Please find enclosed two \$150 Bank of America checks 3470606 and 3470607 for \$150 each

One \$150 check is the 2004 For profit Corp Annual report for ArthurArthur Inc # P99000052052 which is active but not trading.

The second \$150 check is for ArthurArthur (Miami) Inc #P99000052052 Please note that our address has changed in Miami to 245 SE First St, # 406, Miami, 33131.

Thank you,

  
Jeremy Foster-Fell  
CEO

By Courier

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee FL 32301.

850 245 6056