## FILED Apr 07, 2006 8:00 am Secretary of State

ANNUAL REPORT	r
0.00 INTENT // B0000000000	

DOCUM 1. Entity Name ARTHUR	8	# P9900052 R INC.	052	-				04-07-2006	90026 046	5 ***150	.00	
Principal Place of Business 245 SE FIRST ST 212 MIAMI, FL 33131			Mailing Address 245 SE FIRST ST 212 MIAMI, FL 33131			-	40046029					
2. Principal Pl		ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03212006	Chg-P	CR2E034	4 (11/05)		
City & State	÷		City & State				4. FEI Numbe				plied For t Applicable	
Zip		Country	Zip	try	5. Certificate of Status Desired Fee Required					itional		
	6. Name	and Address of Current I	egistered Agent				7. Name and Address of New Registered Agent					
FOOTER F		CMAN	•		Name Fo	STER	C-FELL	, JEREM	4			
FOSTER FELL, JEREMY 206 LOOKOUT DR APOLLO BEACH, FL 33572					Street Address (P.O. Box Number is Not Acceptable)							
APOLLO B	icaon, n	- 55572					212					
					City Mi	AM	1		FL	Zip Code	131	
	named entiti ions of regist		the purpose of changing its	registere	ed office or reg	gistered	agent, or bo	th, in the State of Flo	orida. I am fa	miliar with, a	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND C	DIRECTORS	IN 11	
TITLE	Р	0171021107412	☐ Delete	TITLE	E					Change	Addition	
NAME	ARTHUR, DIANNA NAM					- س		0<7	- 475	7/7		
STREET ADDRESS CITY-ST-ZIP								est stree L <u>33131</u>		. ~ {		
TITLE	CEO		□ Delete	TITLE					ĺ	Change	☐ Addition	
NAME STREET ADORESS					ET ADDRESS 2	245	SE FU	est stræe	T, 5TE.	212		
CITY-ST-ZIP	7.1 OLEO DE 1017,1 E 0001E				4	m 4	mi, ra	- 33(31		☐ Change	☐ Addition	
TITLE NAME	CFO HEYWOR	RTH-DAVIS, SIMON J	☐ Delete	TITLE	F .		-				☐ Addition	
STREET ADDRESS		NNELL TERRACE			EET ADDRESS 2	245	3E +11	est street	, 566	212		
CITY-ST-ZIP	WINTER	PARK, FL 32789				MIA.	m(, t)	- 33131		Change	Addition	
TITLE NAME			☐ Delete	TETLE NAM						☐ Change	Addition	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				-	'-ST-ZIP					Change	Addition	
TITLE NAME			☐ Delete	NAM	4				'	Criange		
STREET ADDRESS CITY-ST-ZIP					eet adoress '-st-zip							
TITLE		<del></del>	☐ Delete	TITU						☐ Change	Addition	
NAME Street Address				NAM STRE	EET ADDRESS							
City-St-ZIP				CITY	'-ST-ZIP			<u></u>				
12. I hereby certify that the information supplied with this thing 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 total and caudite 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 regions 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daily Daylor Prove & Daylor Prove &												