


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90019 026 \*\*\*158.75

<b>DOCUMENT # P99000084138</b>		
1. Entity Name ARCA MANAGEMENT, INC.		

Principal Place of Business 4250 ORIOLE AVENUE PORT ORANGE, FL 32127	Mailing Address P.O. BOX 7315 DAYTONA BEACH SHORES, FL 32116
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2. Principal Place of Business 4320 S. Atlantic Ave.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce Inlet, FL.	City & State
Zip 32127	Country USA



03212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3598116	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KONOVITCH, STEVEN 4250 ORIOLE AVENUE PORT ORANGE, FL 32127	7. Name and Address of New Registered Agent Name <u>Steven Konovitch</u> Street Address (P.O. Box Number is Not Acceptable) <u>4320 S. Atlantic Ave.</u> City <u>Ponce Inlet</u> FL <u>32127</u>
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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: Steven Konovitch, President 3/21/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONOVITCH, STEVEN P.O. BOX 7315 DAYTONA BEACH, FL 32116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven Konovitch 3/21/06 386-679-7631  
Signature and typed or printed name of signing officer or director Date Daytime Phone #