


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90014 050 \*\*\*158.75

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

Principal Place of Business 4320 SOUTH ATLANTIC AVE PONCE INLET, FL 32127	Mailing Address P.O. BOX 7315 DAYTONA BEACH SHORES, FL 32116
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2. Principal Place of Business - No P.O. Box # 4755 Riverglens Blvd.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce Inlet, Florida	City & State
Zip 32127	Country USA

04052007 Chg-P CR2E034 (12/06)

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 4320 SOUTH ATLANTIC AVE PONCE INLET, FL 32127
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7. Name and Address of New Registered Agent Name Steven Konovitch Street Address (P.O. Box Number is Not Acceptable) 4755 Riverglens Blvd. City Ponce Inlet FL Zip Code 32127
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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	DATE 4/04/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</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	
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 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	DATE 4/07/07 386-679-7631