## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 26, 2008 08:00 Al DOCUMENT # P99000084138 **Secretary of State** 1. Entity Name ARCA MANAGEMENT, INC. Principal Place of Business Mailing Address 4755 RIVERGLEN BLVD P.O. BOX 7315 PONCE INLET, FL 32127 DAYTONA BEACH SHORES, FL 32116 02122008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3598116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KONOVITCH, STEVEN **4755 RIVERGLEN BLVD** PONCE INLET, FL 32127 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME KONOVITCH, STEVEN STREET ADDRESS P.O. BOX 7315 DAYTONA BEACH, FL 32116 CITY-ST-7IP TITLE NAME U00000840393 STREET ADDRESS 03/06/08-80046-021.458.75 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P IN:THIS SPACE TITLE NAME STREET ADDRESS COY-SI-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08 386-679-763

Dayama Phone #

FILED