2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105949

Entity Name: THE ARC GROUP, INC.

City-St-Zip:

SAFETY HARBOR, FL 34695

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
700 CENTRAL AVENUE SUITE 100 ST. PETERSBURG, FL 33701			SUITE 104	700 CENTRAL AVENUE SUITE 104 ST. PETERSBURG, FL 33701	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
700 CENTRAL AVENUE SUITE 100 ST. PETERSBURG, FL 33701			SUITE 104	700 CENTRAL AVENUE SUITE 104 ST. PETERSBURG, FL 33701	
FEI Number:	59-3618359	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
275 FIRST	OU, GEORGE STREET WES ERDE, FL 337				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
		ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () APOSTOLOU, G 275 FIRST STR TIERRA VERDE	EET WEST		()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () MARICONE, JO 14714 SEMINO SEMINOLE, FL	_E TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SAMUEL, CALV 125 23RD AVEN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () POLITIS, GREG 965 SOUTH BAY		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CALVIN SAMUEL STD 02/25/2009