2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 11, 2007 08:00 AM DOCUMENT # S24330 **Secretary of State** 1. Entity Name ARNA, INC. Principal Place of Business Mailing Address 3530 MYSTIC POINTE DR 3696 N. FEDERAL HWY. **SUITE 203** #1706 FORT LAUDERDALE, FL 33308 AVENTURA, FL 33180 01062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0240440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S ESQ DO NOT WRITE 317 - 71ST ST. MIAMI BEACH, FL 33141 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 Rorlda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME LURIE, RENEE STREET ADDRESS 3530 MYSTIC POINTE DR. #1706 CRY-ST-ZIP N. MIAMI BEACH, FL 33180 U00000581973 TITLE 01/11/07-80013-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-78 IN THIS SPACE ME NAME STREET ADDRESS CITY-ST-ZP 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 inclicated on this report or stopplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 attackment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR