

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90054 016 ***150.00

| | | | |
|--|--|--|-----------------|
| DOCUMENT # V24029 1. Entity Name ARCH-WARRIOR INC. | | | |
| Principal Place of Business 2633 LANTANA ROAD HANGER 704 LANTANA, FL 33462 US | | Mailing Address 312 GULFSTREAM DRIVE DELRAY BEACH, FL 33444 US | |
| 2. Principal Place of Business - No P.O. Box # 312 Gulfstream Drive Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Delray Beach Florida | | City & State | |
| Zip 33444 | Country USA | Zip | Country |
| 4. FEI Number 65-0275966 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SYKES, WALTER C JR 312 GULFSTREAM DRIVE DELRAY BEACH, FL 33444 | | 7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PST | NAME SYKES, WALTER C JR | TITLE | NAME |
| STREET ADDRESS 312 GULFSTREAM DR | CITY-ST-ZIP DELRAY BEACH, FL 33444 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE V | NAME SYKES, KYLE C | TITLE | NAME |
| STREET ADDRESS 312 GULFSTREAM DR | CITY-ST-ZIP DELRAY BEACH, FL 33444 | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| 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: <i>Walter C. Sykes Jr</i> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| PST Walter C. Sykes Jr | | PST 4-15-08 561-310-9992 | |
| Date | | Daytime Phone # | |