2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33900

FILED May 02, 2007 Secretary of State

Entity Nan	ne: ARC TE	ECHNOLOGIES GROUP, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 1 ODESSA, F		US		SBELL LN SA, FL 33556	US	
Current Mailing Address:				New Mailing Address:		
P.O. BOX 1 ODESSA, F		US				
FEI Number:	59-3120607	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BARRAGAN, MIRYAM CHARRIS 14969 SW 8TH TERRACE MIAMI, FL 33194 US				VANCE, MURRY A 17402 ISBELL LN ODESSA, FL 33556 US		
The above in the State		y submits this statement for the pu	ırpose of changi	ng its registere	d office or registered agent, or both,	
SIGNATUR	E: MURR	Y A. VANCE			05/02/2007	
	Electr	onic Signature of Registered Ager	nt		Date	
		193(2)(b), F.S., the corporation did not ing Trust Fund Contribution ().	receive the prior r	notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COCH SMITH, ROB 8201 SW 60' SOUTH MIAN	TH COURT	Title: Name: Address: City-St-2		() Change () Addition	
Title: Name: Address: City-St-Zip:	COCH VANCE, MUF 11704 ISBEL ODESSA, FL	L LN	Title: Name: Address: City-St-2	ip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARRAGAN,	8TH. TERRACE	Title: Name: Address: City-St-Z	,	183	
Title:	D	() Delete	Title:		() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MURRY A. VANCE COCH 05/02/2007

REID, MIKELL R MD

ALTAMONTE SPRINGS, FL 32701

307 KACHUBA CT.

Name:

Address:

City-St-Zip: