


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90087 049 ***150.00

DOCUMENT # V62377	
1. Entity Name ARCADIA, INC.	

Principal Place of Business 5603 COMMERCE DR UNIT #1 ORLANDO, FL 32839 US	Mailing Address 5603 COMMERCE DR UNIT #1 ORLANDO, FL 32839 US
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2. Principal Place of Business - No P.O. Box # 520 N. Semoran Blvd	3. Mailing Address 520 N. Semoran Blvd
Suite, Apt. #, etc. Ste. 255	Suite, Apt. #, etc. Ste. 255
City & State Orlando, FL	City & State Orlando, FL
Zip 32807	Country USA

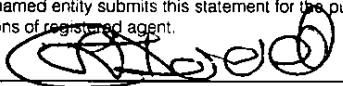
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01302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DEVERELL, CHRISTOPHER J 5603 COMMERCE DR UNIT #1 ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 520 N. Semoran Blvd Ste. 255 City Orlando FL Zip Code 32807	
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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:  DATE: 1.30.07

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVERELL, CHRISTOPHER J 229 EMORY PL. ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: 1.30.07 DAYTIME PHONE: 407 246 2699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR