## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

				- Seci	Secretary of State			
DOCUMENT # V62377  1. Entity Name ARCADIA, INC.				02-05-2007 90087 049 ***150.00				
Principal Place of Business		Mailing Address		Anna	4000atio			
5603 COMMERCE DR		5603 COMMERCE DR		40000				
UNIT #1		UNIT #1		.,,				
ORLANDO, FL 32839 US ORLANDO, FL 32839 US			US					
2. Principal Place of Business - No P.O. Box # 520 N. SCMORAN Blvd Suite, Apt. #, etc.		3. Mailing Address 520 N. Smoran Blvd Suite, Apt. #, etc.						
Ste. 255		Stc. 255		01302007 Chg-l	? . CR:	2E034 (12/06)		
Orlando, FL		City. & State ON ANDO, FL		4. FEI Number 59-3141908			plied For Applicable	
Zip Country 32907 USA			Country	5. Certificate of Status Desired		\$8.75 Addi		
	6. Name and Address of Current F	legistered Agent		7. Name and Address of	f New Register	red Agent		
Name Name								
DEVERELL, CHRISTOPHER J 5603 COMMERCE DR UNIT #1			Street Address	Street Address (P.O. Box Number is Not Acceptable) 520 N. SMOY AN BLV d				
ORLANDO, FL 32839			Ste	Stc. 255				
			City AVI					
The shove named entity submits this statement for the purpose of changing its registered.				<u> </u>				
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.								
(CRITICALE)								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	<ol> <li>9. Election Campaign</li> <li>Trust Fund Contribution</li> </ol>	· · · ·	5.00 May Be dded to Fees		•	1	
AILEI M	ay 1, 2007 Fee Will be \$550.0	U HOSE COMO COMUNICO		0000 10 1 663				
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTORS	IN 11	
TITLE	D DEVENEUR CURIOTORUER	☐ Delete	TITLE		**	☐ Change	Addition	
NAME STREET ADDRESS	DEVERELL, CHRISTOPHER J 229 EMORY PL		NAME CYPETA ADDOCCO					
CITY-ST-ZIP	ORLANDO, FL 32804		STREET ADDRESS CITY-ST-ZIP					
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NAME	•		NAME					
STREET ADDRESS			STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental coord in two and accurate and that my significant contains a first section of the section of								
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 life empowered.								
SICNATURE ( 3-07 A07 2/h 260								

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 05, 2007 8:00 am