## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M37523

Entity Name: ROE CORP.

FILED Mar 16, 2007 Secretary of State

•	rincipal Plac	e of Business:	New Principal Place	of Business:	
	RIDGE LANE FL 33331	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4185 PINE WESTON,	RIDGE LANE FL 33331	E US			
FEI Number:	65-0054566	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:	
WESTON, The above in the State	RIDGE LANE FL 33331 named entity of Florida.	US	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		nic Signature of Registered Age		 Date	
	npaign Financir S AND DIREC	ng Trust Fund Contribution().	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P ( PERO, SAMUI	) Delete	Title:		
City-St-Zip:	4185 PINE RII WESTON, FL	DGE LANE	Name: Address: City-St-Zip:	() Change () Addition	
	WESTON, FL	OGE LANE 33331 ) Delete NNE, OGE LANE	Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition	
City-St-Zip: Title: Name: Address:	WESTON, FL VS ( PERO, ROSAI 4185 PINE RII WESTON, FL	OGE LANE 33331  ) Delete NNE, OGE LANE 33331  ) Delete NNA DR	Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WESTON, FL VS ( PERO, ROSAI 4185 PINE RII WESTON, FL D ( MORGAN, DO 7620 NW 120 PARKLAND, F	DGE LANE 33331  ) Delete NNE, DGE LANE 33331  ) Delete NNA DR L 33076  ) Delete	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SAMUEL PERO PRES 03/16/2007