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Secretary of State
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000141656

1. Entity Name
ROSINE INC.

Principal Place of Business	Mailing Address
600 CASA PARK, COURT A WINTER SPRINGS, FL 32708	600 CASA PARK, COURT A WINTER SPRINGS, FL 32708

04232007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 205858939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALHANI, FADI 600 CASA PARK, COURT A WINTER SPRINGS, FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALHANI, FADI		NAME	
STREET ADDRESS	600 CASA PARK, COURT A		S	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		C	
TITLE		☐ Delete	T	☐ Addition
NAME			N	
STREET ADDRESS			S	
CITY-ST-ZIP			C	
TITLE		☐ Delete	T	☐ Addition
NAME			N	
STREET ADDRESS			S	
CITY-ST-ZIP			C	
TITLE		☐ Delete	T	☐ Addition
NAME			N	
STREET ADDRESS			ST	
CITY-ST-ZIP			CI	
TITLE		☐ Delete	TI	☐ Addition
NAME			NA	
STREET ADDRESS			STI	
CITY-ST-ZIP			CIT	
TITLE		☐ Delete	TI	☐ Addition
NAME			NA	
STREET ADDRESS			STI	
CITY-ST-ZIP			CIT	

Dear Sir : Ma'am
please find (FEI)
number which in block
4
(205858939)
Thank you
Fadi Salhani

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: Fadi Salhani 4-26-07 (352)483-0006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #