

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000062049

Entity Name: ROCK-A-BILLY II, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

4576 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Principal Place of Business:

Current Mailing Address:

4576 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351

New Mailing Address:

PO BOX 5032
DEERFIELD BEACH, FL 33442

FEI Number: 65-0936440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, DAVID
4968 N. UNIVERSITY DRIVE
LAUDERHILL, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: POOLE, DAVID E
Address: 4576 N. UNIVERSITY DRIVE
City-St-Zip: LAUDERHILL, FL 33351

Title: VPT () Delete
Name: POOLE, DESTINY LEE
Address: 4576 N. UNIVERSITY DRIVE
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID POOLE

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date