2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 AN **DOCUMENT # P04000143185** Secretary of State 601 ROSEMARY CORP. Principal Place of Business Mailing Address P 0 BOX 15553 P 0 BOX 15553 W PALM BEACH, FL 33416 W PALM BEACH, FL 33416 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3101718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KITROSER, MITCHELL I ESQ DO NOT WRITE 8895 N MILITARY TRAIL IN THIS SPACE STE 206-E PALM BEACH GARDENS, FL 33410 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstelling) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME MCCARTHY, JAMES P 100000393654 J1/25/06-80039-006 1SO.00 STREET ADDRESS P O BOX 15553 CITY-ST-ZIP W PALM BEACH, FL 33416 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 inclicated on this report or supplied entail 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 reverser of trustee emperced 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 treatments.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

JAMES MCCARETHY