## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001837

Entity Name: ROSEAIRE RETREAT, INC.

FILED Feb 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

344 PALM TRAIL 14281 GALLAGHER RD. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

344 PALM TRAIL
DELRAY BEACH, FL 33483
14281 GALLAGHER RD.
DELRAY BEACH, FL 33445

FEI Number: 65-0649421 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARTINANO, ROSA M LOBON, IRENE D MRS 344 PALM TRAIL 31 SENECA RD.

DELRAY BEACH, FL 33483 US SEA RANCH LAKES, FL 33308 US

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: IRENE D. LOBON 02/02/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: P (X) Change ( ) Addition

Name: ALESSANDRI, RAUL Name: LOBON, IRENE D MRS.

Address: 4409 FRANCES DRIVE Address: 31 SENECA RD.
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: SEA RANCH LAKES, FL 33308

Title: D ( ) Delete Title: V (X) Change ( ) Addition

 Name:
 RODRIGUEZ, MARY
 Name:
 RODRIGUEZ, MARY

 Address:
 2810 SW 8 ST.
 Address:
 2810 SW 8 ST.

City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete Title: S (X) Change ( ) Addition

Name:ARTINANO, ROSA MName:ROMEU, SANDYAddress:344 PALM TRAILAddress:10328 NW 63RD DR

City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: PARKLAND, FL 33076

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE D. LOBON P 02/02/2006