2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # 578065** ROLAND OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 2644 E. OAKLAND PARK BLVD. 2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 IJS FORT LAUDERDALE, FL 33306 US No Chg-P 01312005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1830300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGES, ROLAND DO NOT WRITE 2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 IN THIS SPACE 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 prated name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U000000211111 Trust Fund Contribution. Added to Fees 02/02/05-80107-014 150.0n OFFICERS AND DIRECTORS 10. TITLE HODGES, ROLAND NAME STREET ADDRESS 2644 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 CITY-ST-ZIP TILE HODGES, MARY NAME STREET ADDRESS 1020 S RIO VISTA BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 507, 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.

TOTAL OR DIRECTOR

FILED