

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762439

FILED
Jan 14, 2008
Secretary of State

Entity Name: THE ROMPUS, INC.

Current Principal Place of Business:

609 MADRID AVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

609 MADRID AVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-2470612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, JIM
609 MADRID AVE
VENICE, FL 34285 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

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FOGLER, NED
Address: 14928 FEATHER COVE ROAD
City-St-Zip: CLEARWATER, FL 33762

Title: T () Delete
Name: WOODS, JIM
Address: 609 MADRID AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HEVEL, BRYAN
Address: 6347 57TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S () Delete
Name: WUNDERLIN, WILLIAM
Address: 2131 RIDGE RD. UNIT T-114
City-St-Zip: LARGO, FL 33778

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P () Change (X) Addition
Name: BROZOVICH, TIM
Address: 1513 FORDE AVE
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby certify that the information supplied with this filing does not qualify 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: JIM WOODS

T

01/14/2008

Electronic Signature of Signing Officer or Director

Date