2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #856846 1. Entity Name ROLÝN (INVERNESS) INC.

Principal Place of Business

PONTE VEDRA BEACH, FL 32082

Mailing Address

818-A-1-A NORTH SUITE 203

245 PEACHTREE CENTER AVE NE **SUITE 2800** ATLANTA, GA 30303-1227

FILED 07 FEB -2 AM 9: 49 117 / SIATE ALLANDSELE, FLORIDA



DO NOT WRITE IN THIS SPACE

01192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-1392456 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT 818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. 1 am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	Lappicable. (NOTE: Registered	Agent signeture	required when renstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000618603 02/08/07-80035-013 150.00
10. OFFICERS AND DIRECTORS				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROULEAU, ROBERT 818 A-1-A NORTH STE 203 PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROULEAU, ROBERT T. 5500 AV ROYALMOUNT #200 MONTREAL QUEBEC CANADA,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
DTLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivepor trusted empowered 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 like empowered.

SIGNATURE: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Rouleau

02/01/07

(904) 280-0008

Oate

Daytme Phone #