2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90011 004 ***150.00

DOCUMENT # 856846

1. Entity Name
ROLYN (INVERNESS) INC.

Principal Place of Business	Mailing Address
~~818 A-1-A NORTH~~ ~~SUITE 203~~ ~~PONTE VEDRA BEACH, FL 32082~~	~~245 PEACHTREE CENTER AVE NE~~ ~~SUITE 2000~~ ~~ATLANTA, GA 30303-1227~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4312 Pablo Professional Ct.		4312 Pablo Professional Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country USA	Zip 32224	Country USA

01092008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
ROULEAU, ROBERT ~~818 A-1-A NORTH, SUITE 203~~ ~~PONTE VEDRA BEACH, FL 32082~~ 4312 Pablo Professional Court Jacksonville, FL 32224	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ☐ Delete ROULEAU, ROBERT ~~818 A-1-A NORTH STE 203~~ ~~PONTE VEDRA BEACH, FL 32082~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	■ Change ☐ Addition 4312 Pablo Professional Court Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete ROULEAU, ROBERT T. 5500 AV ROYALMOUNT #200 MONTREAL QUEBEC CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 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: _____ 1/9/08 904/821-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #