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
~~810-A-1-A NORTH~~	~~245 PEACHTREE CENTER AVE NE~~
~~SUITE 203~~	~~SUITE 2000~~
~~PONTE VEDRA BEACH, FL 32082~~	~~ATLANTA, GA 30303-1227~~

01092008 Chg-P CR2E034 (12/06)

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

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
~~810-A-1-A NORTH, SUITE 203~~
~~PONTE VEDRA BEACH, FL 32082~~
4312 Pablo Professional Court
Jacksonville, FL 32224

7. Name and Address of New Registered Agent

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 reinstating) 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 ROULEAU, ROBERT ~~810-A-1-A NORTH STE 203~~ ~~PONTE VEDRA BEACH, FL 32082~~	☐ Delete	4312 Pablo Professional Court Jacksonville, FL 32224	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROULEAU, ROBERT T. 5500 AV ROYALMOUNT #200 MONTREAL QUEBEC CANADA,	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 1/9/08 904/821-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #