2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# F05000000397

Entity Name: ROSE OFFICE SYSTEMS, INC.

Current Principal Place of Business:

207 STETSON LANE
ALABASTER, AL 35007

New Principal Place of Business:

774 HWY 31 SOUTH
ALABASTER, AL 35007

Current Mailing Address:

PO BOX 608
SAGINAW, AL 35137

New Mailing Address:

FEI Number: 63-1210034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS, INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: CAIN, GARRY
Address: 207 STETSON LANE
City-St-Zip: ALABASTER, AL 35007

Title: VCVP ( ) Delete
Name: CAIN, BARBARA
Address: 207 STETSON LANE
City-St-Zip: ALABASTER, AL 35007

Title: VP ( ) Delete
Name: WARD, JULIE C MRS
Address: 207 STETSON LANE
City-St-Zip: ALABASTER, AL 35007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: WARD, JULIE C MRS
Address: PO BOX 608
City-St-Zip: SAGINAW, AL 35137

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE WARD VP 01/22/2009

Electronic Signature of Signing Officer or Director — Date