## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000003570

Entity Name: ROYALCOM INC.

Name:

Address:

City-St-Zip:

VINSON, AMY L

TAMPA, FL 33607

2202 N WESTSHORE BLVD, SUITE 200

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2202 N. W SUITE 200 TAMPA, F		BLVD.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
PO BOX 2 TAMPA, F					
FEI Number	:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 200 TAMPA, F The above	L 33607 US named entit e of Florida.		ourpose of changing its registere	d office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CROWNBOR	TSHORE BLVD, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CROWNBOR	TSHORE BLVD, SUITE 200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title <sup>.</sup>	DIR	(X) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: P. E. CROWNBORN DIR 01/31/2009