2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Mar 13, 2007 08:00 AM **DOCUMENT # F49766 Secretary of State** 1. Entity Name ROHAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1531 CHATEAUWOOD DR 1531 CHATEAUWOOD DR CLEARWATER, FL 33764 CLEARWATER, FL 33764 US 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2140545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANSEN, ROLAND M DO NOT WRITE 1531 CHATEAUWOOD DR CLEARWATER, FL 33764 IN THIS SPACE 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 Fiorida. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HANSEN, ROLAND MJR. STREET ADDRESS 1531 CHATEAU WOOD DRIVE CITY-ST-ZIP CLEARWATER, FL TITLE U00000664898 03/23/07-80002-009 150.00 NAME HANSEN, MARY JOAN A STREET ADDRESS 1531 CHATEAU WOOD DRIVE CITY-ST-ZIP CLEARWATER, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER

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Daytime Phone #

Roland M Hansen Tr