

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003743

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: ROSLYN PINES, INC.

## Current Principal Place of Business:

747 OLD MONTAUK HWY  
MONTAUK, NY 11954

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 796  
MONTAUK, NY 11954

## New Mailing Address:

941 SOUTH ATLANTIC DRIVE  
LANTANA, FL 33462

FEI Number: 11-1675596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HILDEBRANDT, STEVEN  
941 SOUTH ATLANTIC DRIVE  
LAKE WORTH, FL 33462 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTUCCI, FRANK  
Address: 747 OLD MONTAUK HWY  
City-St-Zip: MONTAUK, NY 11954

Title: VD ( ) Delete  
Name: KLEWICKI, GAIL  
Address: 941 SOUTH ATLANTIC DR  
City-St-Zip: LANTANA, FL 33462

Title: S ( ) Delete  
Name: HILDEBRANDT, JUDI  
Address: 15170 MEADOWOOD DR  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: MARTUCCI, LILLIAN  
Address: 1179 SOUTHATLANTIC DR  
City-St-Zip: LANTANA, FL 33462

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: KLEWICKI, GAIL  
Address: 941 SOUTH ATLANTIC DR  
City-St-Zip: LANTANA, FL 33462

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL KLEWICKI

VP

07/05/2006

Electronic Signature of Signing Officer or Director

Date