


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004697
1. Entity Name
ROSEN INVESTMENTS, INC.



Principal Place of Business
10277 CENTURY WOODS DRIVE
LOS ANGELES, CA 90067

Mailing Address
10277 CENTURY WOODS DRIVE
LOS ANGELES, CA 90067



04252006 No Chg-P CR2E034 (11/05)

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4. FEI Number 95-4642671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROSEN, LOIS 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, SHARON B 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, MICHAEL J 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSEN, KENNETH M 10277 CENTURY WOODS DRIVE LOS ANGELES, CA 90067
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05/09/06-80019-003 150.00

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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: Lois Rosen 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #