2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19993

Entity Name: MICHAEL ROGERS, INC.

Current Principal Place of Business:

FILED Jan 26, 2006 Secretary of State

C/O MICHAEL ROGERS	C/O MICHAEL ROGERS
660 W FAIRBANKS AVE., STE. 4	336 GROVE AVENUE, SUITE B
WINTER PARK, FL 32789	WINTER PARK, FL 32789
Current Mailing Address:	New Mailing Address:
C/O MICHAEL ROGERS	C/O MICHAEL ROGERS
660 W FAIRBANKS AVE., STE. 4	336 GROVE AVENUE, SUITE B
WINTER PARK. FL 32789	WINTER PARK, FL 32789

New Principal Place of Business:

FEI Number: 59-2462021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGERS, MICHAEL
660 W FAIRBANKS AVE

ROGERS, MICHAEL
336 GROVE AVENUE SLITE B

660 W FAIRBANKS AVE.,

SUITE 4

WINTER PARK, FL 32789 US

336 GROVE AVENUE, SUITE B
SUITE 4
WINTER PARK, FL 32789 US

WINTER PARK, FL 32789 US

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: 01/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition ROGERS, MICHAEL, Name: Name: 301 N INTERLACHEN AVE. Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: () Change () Addition TD () Delete Name: ROGERS, MICHAEL, Name: 301 N INTERLACHEN AVE Address: Address: WINTER PARK, FL 32789 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition RAMSDELL, MARL PATRICK Name: Name: 1470 ADRIEL LN Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition NAGY, COLEEN Name: Name: Address: 1998 KENASTEN RD. Address: City-St-Zip: MAITLAND, FL 32751 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: COLEEN NAGY T 01/26/2006