

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61734

Entity Name: ROSALIE PETERS, INC.

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

25188 MARION AVE., D411
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

219 N. LAKESIDE DR
LAKE WORTH, FL 33460 US

Current Mailing Address:

25188 MARION AVE, D411
PUNTA GORDA, FL 33950 US

New Mailing Address:

219 N. LAKESIDE DR.
LAKE WORTH, FL 33460 US

FEI Number: 59-2796370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURQUE, ROSALIE
25188 MARION AVE., D411
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SCHOFIELD, KATHERINE H
219 N. LAKESIDE DR.
LAKE WORTH, FL 33460 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: KATHERINE H. SCHOFIELD

05/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOURQUE, ROSALIE
Address: 25188 MARION AVE D411
City-St-Zip: PUNTA GORDA, FL

Title: DT () Delete
Name: FOSTER, DIANE
Address: 11 STONEY OAK DR
City-St-Zip: NEWNAN, GA 30263

Title: DS () Delete
Name: SHARON, MCCOLLISTER
Address: 215 INLAND CIRCLE
City-St-Zip: NEWNAN, GA 30263

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHOFIELD, KATHERINE H
Address: 219 N. LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: DT (X) Change () Addition
Name: SCHOFIELD, KATHERINE H
Address: 219 N. LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: DS (X) Change () Addition
Name: SCHOFIELD, KATHERINE H
Address: 219 N. LAKESIDE DR.
City-St-Zip: LAKE WORTH, FL 33460

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: KATHERINE H. SCHOFIELD

DP

05/03/2006

Electronic Signature of Signing Officer or Director

Date