

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70573

FILED
Mar 15, 2005
Secretary of State

Entity Name: ROSETTA TECHNOLOGIES CORPORATION

Current Principal Place of Business:

5912-B BRECKENRIDGE PKWY
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

5912-B BRECKENRIDGE PKWY
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-2798492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULLAR, ROBERT W
6719 COLLINS SPRING COVE
RIVERVIEW, FL 33569 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HULLAR, ROBERT W.,
Address: P.O. BOX 1101
City-St-Zip: RIVERVIEW, FL

Title: VDS () Delete
Name: MALINOWSKI, PAUL A.
Address: 6214 BOONE DR.
City-St-Zip: TAMPA, FL

Title: CD () Delete
Name: MCGRATH, ROGER JR.
Address: 11432 LAUREL VIEW DR.
City-St-Zip: CHARLOTTE, NC

Title: D () Delete
Name: FLEMINGS, RICHARD D.
Address: 3621 BERGER ROAD
City-St-Zip: LUTZ, FL 335494703

Title: VPEN () Delete
Name: MAHER, JAMES C
Address: 5912 BRECKENRIDGE PKWY STE B
City-St-Zip: TAMPA, FL 33610

Title: CFO () Delete
Name: SANO, WILLIAM A
Address: 5912 BRECKENRIDGE PKWY STE B
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Section 119.07(3)(i), 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: MICHELE J GERTZ

SGA

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date