2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# L08989

Entity Name: ROSE DEVELOPERS, INC.

Current Principal Place of Business:

1006 S.W. MAJORCA AVE.
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

1006 S.W. MAJORCA AVE.
431 SE 1ST TER
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

1006 S.W. MAJORCA AVE.
PORT SAINT LUCIE, FL 34953 US

FEI Number: 65-0136800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCILEPPI, ROSA F
1006 S.W. MAJORCA AVE.
PORT SAINT LUCIE, FL 34953 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: STD ( ) Delete
Name: SCILEPPI, ROSA F.,
Address: 1006 S.W. MAJORCA AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD ( ) Delete
Name: SCILEPPI, EDWARD M
Address: 2881 NW 12TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD ( ) Delete
Name: SCILEPP, THOMAS J
Address: 1006 S.W. MAJORCA AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: SCILEPPI, ROSA F
Address: 1006 S.W. MAJORCA AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VD (X) Change ( ) Addition
Name: SCILEPPI, EDWARD M
Address: 2881 NW 12TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: PD (X) Change ( ) Addition
Name: SCILEPPI, THOMAS J
Address: 1006 S.W. MAJORCA AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: ROSA F. SCILEPPI STD 02/21/2005

Electronic Signature of Signing Officer or Director Date