2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2007 08:00 AM **Secretary of State** DOCUMENT # L58362 ROFF ENTERPRISES, INC. Principal Place of Business Mailing Address 4521 PARKER AVE. PO BOX 2348 WEST PALM BEACH, FL 33405 PALM BEACH, FL 33480 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0176334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DEMPSEY, W. GLENN DO NOT WRITE 505 S FLAGLER DR **SUITE 1330** IN THIS SPACE WEST PALM BEACH, FL 33401 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000682944 04/05/07-80022-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITI F HORNER, ROBERT R., JR. NAME STREET ADDRESS 4521 PAKER AVE CITY-ST-ZIP WEST PALM BEACH, FL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 glips like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - 7IP TILE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR