2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75464

Address:

City-St-Zip:

2827 SAMARA DR

TAMPA, FL 33618

FILED Apr 28, 2005 Secretary of State

Entity Nan	ne: ROWE	E INVESTMENTS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
100 MADISON ST., STE 200 TAMPA, FL 33602				100 E. MADISON ST. SUITE 200 TAMPA, FL 33602			
Current Mailing Address:				New Mailing Address:			
100 MADISON ST., STE 200 TAMPA, FL 33602				100 E. MADISON ST. SUITE 200 TAMPA, FL 33602			
FEI Number: 59-2886611 FEI Number Applied For () FEI Number			FEI Numb	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
ROWE, RICK D 100 MADISON ST., STE 200 TAMPA, FL 33602 US				ROWE, RICK D 100 E. MADISON ST. SUITE 200 TAMPA, FL 33602 US			
The above in the State			ne purpose of c	changing it	s registere	ed office or registered agent, or both,	
SIGNATURE:				04/28/2005			
Electronic Signature of Registered Agent						Date	
Election Carr	npaign Finan	cing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ROWE, RIC 100 MADIS TAMPA, FL	ON ST., STE 200	N A	ītle: lame: lddress: Dity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD ROWE, KAI 11401 CAR TAMPA, FL	ROLLWOOD DRIVE	N A	itle: lame: ddress: city-St-Zip:	VSD ROWE, KA 13314 GOI TAMPA, FL	F CREST CIRCLE	
Title: Name:	T PIRKLE-RO	() Delete	-	itle: lame:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RICK D ROWE PD 04/28/2005