

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005793

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** TWO RED ROSES: THE FOUNDATION, INC.

**Current Principal Place of Business:**

1650 EAST LAKE DRIVE  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

1650 EAST LAKE DRIVE  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 33-1093993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CICCARELO, RODOLFO  
1650 EAST LAKE DRIVE  
TARPON SPRINGS, FL 34688 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CICCARELLO, RODOLFO  
Address: 1650 EAST LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: MAGOULIS, THOMAS  
Address: 1650 EAST LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D ( ) Delete  
Name: BOMHARDT, ANNE  
Address: 1650 EAST LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODOLFO CICCARELLO

D

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date