2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006080

Entity Name: ROCCS, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1436 E. BISMARK STREET HERNANDO, FL 34442

Current Mailing Address: New Mailing Address:

PO BOX 50 LECANTO, FL 34460

FEI Number: 20-3645068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BROWN, DAVID W 1436 E. BISMARK STREET HERNANDO, FL 34442

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete PRES (X) Change () Addition

LEMOS, KEN PRES Name: TRIANA, LARRY PRES Name: Address: ALAMANDRA DR Address: 5709 S. BAMMA DRIVE City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: (X) Change () Addition

VOGEL, KURT VP Name: Name: ALEXANDER, ROB VP Address: CARNATION DR Address: 7224 E. SHADYWOODS COURT City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: FLORAL CITY, FL 34436

Title: () Delete Title: **TRES** () Change (X) Addition

Name: NOLAN, CHERI TRES Name: Address: Address: 86 WOODFIELD CIRCLE City-St-Zip: City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: SECT () Change (X) Addition Name: Name: BENNETT, GINGER SECTRY 1180 E. WINNETKA STREET Address: Address: City-St-Zip: City-St-Zip: HERNANDO, FL 34442

I hereby certify that the information supplied with this filing does not qualify 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: LARRY TRIANA **PRES** 03/31/2009