2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000011673

Entity Name: ROCK~N~RESCUE INCORPORATED

TI FILED
Oct 10, 2007
Secretary of State

Current Principal Place of Business:

US

105 WALTERS LANE FLORAHOME, FL 32140

New Mailing Address:

New Principal Place of Business:

Current Mailing Address: 105 WALTERS LANE

FLORAHOME, FL 32140 US

FEI Number: 20-8197569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BROOKS, E. DIANE 105 WALTERS LANE FLORAHOME, FL 32140 US

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:

Flateria Gianatas of Davidson I Associ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DIPIETRO, WINDY
 Name:
 BROOKS, E. DIANE

 Address:
 12910 GROVER RD.
 Address:
 105 WALTERS LANE

City-St-Zip: JACKSONVILLE, FL 32317 US City-St-Zip: FLORAHOME, FL 32140 US

Title: P () Delete Title: VP (X) Change () Addition Name: BROOKS, E. DIANE Name: FLORENCE, VICTORIA

Address: 105 WALTERS LANE Address: 4951 BENT TWIG RD.
City-St-Zip: FLORAHOME, FL 32140 US City-St-Zip: MIDDLEBURG, FL 32068 US

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

 Name:
 HERRINGTON, JAMES S JR.
 Name:
 FLORENCE, MICHAEL

 Address:
 2381 ANNISTON ROAD
 Address:
 4951 BENT TWIG RD.

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 MIDDLEBURG, FL 32068

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: E. DIANE BROOKS P 10/10/2007