
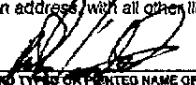


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N49379</b> 1. Entity Name <b>ROSE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.</b>		
<b>Principal Place of Business</b> <b>529 VERSAILLES DR</b> <b>#200</b> <b>MAITLAND, FL 32751 US</b>		<b>Mailing Address</b> <b>529 VERSAILLES DR</b> <b>#200</b> <b>MAITLAND, FL 32751 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>SINGLETON, RALPH</b> <b>529 VERSAILLES DR.</b> <b>SUITE 200</b> <b>MAITLAND, FL 32751</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>1700000439951</b> <b>03/02/06-80021-014 70.00</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>SINGLETON, RALPH D.</b> <b>529 VERSAILLES DR., SUITE 200</b> <b>MAITLAND, FL</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>DOERR, JOSEPH B.</b> <b>8251 N ORANGE BLOSSOM TR</b> <b>ORLANDO, FL</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
<b>SIGNATURE:</b>  <b>Ralph Singleton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/16/06</b> <small>Date</small> <b>407-644-9844</b> <small>Daytime Phone #</small>