FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2004 8:00 am Secretary of State

03-02-2004 90039 032 ****61.25

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1. Entity Name

REALIST Opposing AllECEP RESTORATION (ROAR) INC



DO NOT WRITE IN THIS SPACE 94023769 2. Principal Place of Business 3. Mailing Address 19455 NW 80 K 691 MONTELAIR AUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OPANGE City & State City & State 4. FEI Number Applied For ORANGE CITY FL OKEERHOBEE 65-0416021 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34472 32763 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE ORANGE CITY Zip Code 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Eléction Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. PRESI DENT TITLE TITLE BUSSELL, JAN NAME NAME 19840 NW 80TH DR STREET ADDRESS STREET ADDRESS VICE PRESIDENT VICHELS, AND CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME 1825 WRIGHT LANE STREET ADDRESS STREET ADDRESS LORIDA FL CITY-ST-ZIP 2NO VIES PRESIDENT TITLE FRUIH, DEBRO NAME NAME 964 COUNTY Rd 721 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP LORIDO FL 32857 CITY-ST-ZIP TITLE TITLE IN THIS SPACE CARSLYN E THULLBERY NAME NAME MONTELAIR AUG STREET ADDRESS STREET ADDRESS ORANGE CLAY CITY-ST-7IP CITY-ST-ZIP TREASURER TITLE NAME NAME Me GREGOR, STREET ADDRESS STREET ADDRESS 455 NN 804 OR CITY-ST-ZIP CITY-ST-ZIP ree tho see TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CAROLUNE THULLSERY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EL 34672

2/26/OV 386774-0577

Daytime Phone #