


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000422</b> 1. Entity Name <b>REALISTS OPPOSING ALLEGED RESTORATION (ROAR), INC.</b>					
Principal Place of Business <b>19455 NW 80TH DR OKEECHOBEE FL 34972</b>			Mailing Address <b>691 MONTCLAIR AVE ORANGE CITY FL 32763</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0416021</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THULLBERY, CAROLYN 691 MONTCLAIR AVE ORANGE CITY FL 32763</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ (NOTE: Registered Agent signature required when registering)		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BUSSELL, JAN</b> <b>19840 NW 80TH DR</b> <b>OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <b>U000000692071</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/13/07-80036-011 61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V <b>VICKERS, AUDREY</b> <b>1825 WRIGHT LANE</b> <b>LORIDA FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V <b>FRUTH, DEBRA</b> <b>964 COUNTRY RD 721 LOT 174</b> <b>LORIDA FL 32857</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>THULLBERY, CAROLYN E.</b> <b>691 MONT CLAIR AVE</b> <b>ORANGE CITY FL 32763</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MCGREGOR, JEANITA</b> <b>19455 N.W. 80TH DR.</b> <b>OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIST <b>GRIFFIN, RUTH</b> <b>19220 NW 80TH DR</b> <b>OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**

*Carolyn E. Thullbery*

03/31/07

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