


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>65-0416021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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 <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P BUSSELL, JAN 19840 NW 80TH DR OKEECHOBEE FL 34972	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  000000824978 02/20/08-80100-017 61.25
NAME	VICKERS, AUDREY 1825 WRIGHT LANE LORIDA FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FRUTH, DEBRA 964 COUNTRY RD 721 LOT 174 LORIDA FL 32857	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	THULLBERY, CAROLYN E. 691 MONT CLAIR AVE ORANGE CITY FL 32763	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MCGREGOR, JEANITA 19455 N.W. 80TH DR. OKEECHOBEE FL 34972	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	GRIFFIN, RUTH 19220 NW 80TH DR OKEECHOBEE FL 34972	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 SECRETARY 02/09/08 386-774-0577