


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # N99000003887 1. Entity Name THE ROME FOUNDATION INTERNATIONAL, INC.	
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Principal Place of Business 845 BAYSHORE BLVD TAMPA, FL 33606	Mailing Address 845 BAYSHORE BLVD TAMPA, FL 33606
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3598006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEAVYHOUSE, RUSSELL K PEAVYHOUSE & OPP, P.A. 10002 PRINCESS PALM AVE, SUITE 228 TAMPA, FL 33619

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DUNCAN, JOHN 2 ROLLING HILLS CIRCLE DENTON, TX 76205
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D EARP, JAMES 2809 FOXCROFT CIRCLE DENTON, TX 76209
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CHADWELL, LARRY E 845 BAYSHORE BOULEVARD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST- ZIP	O NORRIS, JEFF 809 INNERGARY PLACE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D FRANKS, JACK 804 CHILDERS LOOP BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D FULGHUM, DAVID 9009 9 AVENUE NW BRADENTON, FL 34209

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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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