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Jun 10, 2008 8:00 am
Secretary of State

05-05-2008 90267 044 ***150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005756

1. Entity Name
ROMAR RESOURCES INC.

66013806

03262008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
Mort Reitman 9271 Musco Circle Bldg 10 - Unit 103 Naples, Florida 34114	Mort Reitman 9271 Musco Circle US Bldg 10 - Unit 103 Naples, Florida 34114
2. Principal Place of Business (P.O. Box #): 9271 Musco Circle	3. Mailing Address: 9271 Musco Circle
Suite, Apt. #, etc.: 103	Suite, Apt. #, etc.: Bldg 10 - Unit 103
City & State: Naples, FL	City & State: Naples, Florida
Zip: 34114 Country: US	Zip: 34114 Country: US

4. FEI Number: 34-1918128 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REITMAN, MORT
9271 Musco Circle
Bldg 10 - Unit 103
Naples, Florida 34114

7. Name and Address of New Registered Agent

Name: Mort Reitman
Street Address (P.O. Box Number is Not Acceptable): 9271 Musco Circle
Bldg 10 - Unit 103
City: Naples, Florida 34114 FL Zip Code: 34114

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REITMAN, MORTON L 9271 Musco Circle Bldg 10 - Unit 103 Naples, Florida 34114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
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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 607, 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: (X) [signature] 561-310 3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #