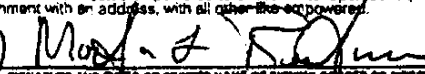


FILED
Jun 10, 2008 8:00 am
Secretary of State

5/5

05-05-2008 90267 044 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000005756			
1. Entity Name ROMAR RESOURCES INC.			
Principal Place of Business Mort Reitman 9271 Musco Circle Bldg 10 - Unit 103 Naples, Florida 34114		Mailing Address Mort Reitman 9271 Musco Circle US Bldg 10 - Unit 103 Naples, Florida 34114	
2. 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	
4. FEI Number 34-1818128		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03262008 Chg-P CR2E034 (12/06)	
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 Mort Reitman Street Address (Do Not Leave Blank) 9271 Musco Circle Bldg 10 - Unit 103 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:  DATE: _____ (NOTE: Registered Agent signature required when submitting)			
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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) 		561-310 3331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	