2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State

DOCUMENT # P0000014374 1. Entity Name ROBLEN ENTERPRISES, INC.						03-16-2006 90235 032 ***150.00			
Principal Place of Business Mailing Address				I	٠ .	ELMH Y			
7247 OELSNER STREET NEW PORT RICHEY, FL 34652		7247 OELSNER STREET NEW PORT RICHEY, FL 34652			The second second	3 majus 3 m (1 m2 m m 1113 šúdží)	118488: H 1891		
<i>z</i>	T	<u>_</u>							
2. Principal Place of Business		3. Mailing Address			<u> </u>	 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 59-3638		 +	Applied For Not Applicable		
Zip	Country	Zip	ip Country		5. Certificate o	f Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R			
				Name	Name				
GOGOLA, LEONARD J. 7247 OELSNER STREET				Street Address (P.O. Box Number is Not Acceptable)					
NEW PORT RICHEY, FL 34652						-			
				City	-		FL Zip Co	ode	
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 a								h, and accept	
the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be dded to Fees				
10. OFFICERS AND DIRECTORS 11.				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO			
TITLE	P Delete Titt						☐ Change	Addition	
NAME STREET ADORESS	GOGOLA, LEONARD 7247 OELSNER STREET			EET ADDRESS					
CITY-ST-ZIP	1277 02001111111111111111111111111111111			'-ST-ZIP					
TITLE	SD Delete TITL			E			☐ Chang	Addition	
NAME	GOGOLA, DENISE R								
STREET ADDRESS	1211 022312110111221			EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP	112111 0111 1110121,12 01002					☐ Chang	Addition		
TITLE NAME		☐ Delete	NAM	1			- Ortalia	, L Addition	
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE		☐ Delete	TITL				☐ Chang	Addition	
NAME STREET ADDRESS			NAA STR	EET ADORESS					
CITY-ST-ZIP				r-ST-ZIP					
TITLE		☐ Delete	TITL	£			Chang	Addition	
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					
		☐ Delete	TITL				Chang	e 🔲 Addition	
TITLE NAME		∟ Delete	NAN				_ 5,40,9		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP		F(-24-0	1 E. Maria - 12 (1 - 13)		
1 49 I haraba	certify that the information supplied wi	in this tilling gods not guidify t	OF INA AY	remonions contain	ued in Chanter 119.	CHIRDA MAUDES, I	continuo cettiiv (124 M)		

2. 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: SIGNATURE AND APPED OF PRINTING OFFICER OF DIRECTOR Date Date Dayline Proce 8