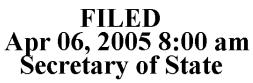
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P00000029832 1. Entity Name ROOKIE ENTERPRISES, INC.						04-06-2005 90129 009 ***150.00				
Principal Place of Business 933 MEMORIAL PARK RD JACKSONVILLE, FL 32221		Mailing Address 933 MEMORIAL PARK RD JACKSONVILLE, FL 32221			1 (40) (100)	1811 BBIT PSIN BBIL BBC		0344		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222005	Chg-P	CR2E03	4 (10/03)			
City & State		City & State			4. FEI Numbe 59-3638				plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired		8.75 Add se Require		
	6. Name and Address of Curren	Registered Agent		Name	7. Name and	Address of New R	legistered Ag	ent		
CARROLL	IEDDV			Name						
CARROLL, JERRY 933 MEMORIAL PARK RD. JACKSONVILLE, FL 32221				Street Addres	reet Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	8	
8. The above the obligat	named entity submits this statement fions of registered agent.	or the purpose of changing its	register	ed office or regis	stered agent, or bot	n, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO)	E: Registere	d Agent signature requ	uired when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Con	_	·	55.00 May Be Added to Fees		_			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND [DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITL					Change	Addition	
NAME	CARROLL, JERRY N			E						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE	DAGROOMVILLE, I'E OZZZI	□ Delete	TITL					Change	Addition	
NAME			NAM				,			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITL				-	Change	☐ Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP		_		ET ADORESS					-	
TITLE	-	☐ Delete		-ST-ZIP				T Champa	- A autolo-	
NAME		L.J Detete	TITU. Nam					Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLI					Change	Addition	
NAME CYREET ADDRESS			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE	 -				Change	Addition	
NAME	·		NAM				,			
STREET ADDRESS	t e			ET ADDRESS						
CITY-ST-ZIP	pertify that the information supplied with this report of supplied within report of supplied within report of supplied within report of supplied within the supplied w	h this filing does not qualify to		-ST-ZIP	Section 119 07(3)(i	Florida Statutes	I further cortif	that the in	formation	
				paren elektron III		,, orarora.		, 4 144 14 10 11		

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.

904-76-8573

Daytime Phone #