2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046106

206 16TH AVENUE NE

SAINT PETERSBURG, FL 33704

Address:

City-St-Zip:

FILED Jul 01, 2004 Secretary of State

Entity Na	me: THE ROI	NIN GROUP, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
206 16TH AVENUE NE SAINT PETERSBURG, FL 33704				204 37TH AVENUE N	
			#254 SAINT PETERSBU	#254 SAINT PETERSBURG, FL 33704	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	AVE N #254 RSBURG, FL 3	33704			
FEI Number	: 59-3645577	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
RAPP, ANDREA LYNN 206 16TH AVENUE NE SAINT PETERSBURG, FL 33704 US			204 37TH AVE N #254		
	e named entity e of Florida.	submits this statement for the		ered office or registered agent, or both,	
SIGNATURE:				07/01/2004	
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RAPP, DENNIS 206 16TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAPP, ANDRE 206 16TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAPP, DENNIS 206 16TH AVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () RAPP, ANDRE) Delete A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DENNIS D. RAPP P 07/01/2004