2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90416 035 ***150.00 **DOCUMENT # P00000094502** LA ROSERAIE, INC. Principal Place of Business Mailing Address 50013040 1575 MAGUIRE ROAD 1575 MAGUIRE ROAD SUITE C SUITE C OCOEE, FL 34761 OCOEE, FL 34761 3. Mailing Address 3586 floma 2, Principal Place of Business 3586 Aloma Au Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03162006 Chg-P Applied For WINTER PARK 4. FEI Number 59-3680488 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Cultent Registered Agent MARLOT, JEAN M 1240 S VINELAND RD APT K7 WINTER GARDEN, FL 34787 WINTER 8. The above named entity submits this seatement 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 and the if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box . Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition Delete 1ITLE TITLE Jean. MARLOT, JEAN M NAME NAME 586 Aloma Au 275 LARGO CAY COUNT #201 STREET ADDRESS STREET ADDRESS WINTER PARK FL OCOEE, FL 34761 CITY-ST-ZIP CITY-S1-ZIP Change ☐ Addition ☐ Defete TITLE MARLOT, MANUEL NAME NAME Aloma Au STREET ADDRESS 247 LARGO CAY COUNT #201 STREET ADDRESS TER OCOEE, FL 34761 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition HTLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-7/2 Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental apport 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 trusted 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 appress, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

407.590