


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State


05-04-2007 90089 026 ***150.00

DOCUMENT # P01000039336 1. Entity Name RORIMA INVESTMENTS, INC.	
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Principal Place of Business 7305 CHERRY LAUREL DRIVE ORLANDO, FL 32835	Mailing Address 7305 CHERRY LAUREL DRIVE ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE

40100100



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3712703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, ANDREW
7305 CHERRY LAUREL DRIVE
ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

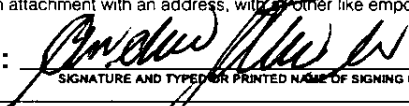
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOWLER, ANDREW 7305 CHERRY LAUREL DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FOWLER, PRAMELA 7305 CHERRY LAUREL DRIVE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 or without other like empowered.

SIGNATURE:  **4 27 07** **321-9414387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #