

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051022

Entity Name: RODENHURST, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

C/O SPIELMAN KOENIGSBERG & PARKER, LLP
888 SEVENTH AVENUE - 35TH FLOOR
NEW YORK, NY 10106

New Principal Place of Business:

C/O MIKE KELLER
PO BOX 453
MURRAY, KY 42071

Current Mailing Address:

C/O SPIELMAN KOENIGSBERG & PARKER, LLP
888 SEVENTH AVENUE - 35TH FLOOR
NEW YORK, NY 10106

New Mailing Address:

C/O MIKE KELLER
PO BOX 453
MURRAY, KY 42071

FEI Number: 13-4182195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, ALISON
Address: 888 7TH AVE 35 FL
City-St-Zip: NEW YORK, NY 10106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: COHEN, ALISON
Address: C/O MIKE KELLER, PO BOX 453
City-St-Zip: MURRAY, KY 42071

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.

SIGNATURE: ALISON COHEN

MRS

04/30/2005

Electronic Signature of Signing Officer or Director

Date