2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000054450

Entity Name: ROLLAND SYSTEM INCORPORATED

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4154 INVERRARAY DR

207

LAUDERHILL, FL 33319 US

New Mailing Address: Current Mailing Address:

4154 INVERRARAY DR

LAUDERHILL, FL 33319 US

FEI Number: 65-1110468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ONI, TUNDI ONI, TUNDE

4154 INVERRARAY DR 4154 INVERRARAY DR 207

207

LAUDERHILL, FL 33319 US LAUDERHILL, FL 33319 US

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: TO 03/02/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ONI, TUNDE AKINGBADE, LINDA Name: Name: 4154 INVERRARAY DR #207 4154 INVERRARAY DR #207 Address: Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: LAUDERHILL, FL 33319 US

Title: Title: (X) Change () Addition () Delete Name: OLADEJO, TOKUNBOH Name: OLADEJO, TOKUNBOH

4154 INVERRARY DRIVE #207 4154 INVERRARY DRIVE #207 Address: Address: LAUDERHILL, FL 33319 US LAUDERHILL, FL 33319 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: ONI, TUNDE Name:

4154 INVERRARY DRIVE #207 Address Address: City-St-Zip: City-St-Zip: LAUDERHILL, FL 33319

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: TUNDE ONI S 03/02/2004