From:STEPHEN E. TILLEY, CPA, PA 904 730 7090 02

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Secretary of State
03-08-2005 90163 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000102067

1. Entity Name
ROLLIN SOUND OF MANDARIN, INC.

40027980

Principal Place of Business	Mailing Address
11792 SAN JOSE BLVD JACKSONVILLE, FL 32223	11792 SAN JOSE BLVD JACKSONVILLE, FL 32223
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02212005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3751696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLEY, STEPHEN E
4206 BAYMEADOWS ROAD
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: Tilley & Callahan, P.A., CPAs
Street Address (P.O. Box Number Is Not Acceptable): 4465 Baymeadows Rd. Ste. 3
City: Jacksonville, FL Zip Code: 32217

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: Tim Callahan CPA DATE: 2/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, MICHAEL 10845 PHILIPS HIGHWAY JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Michael Montgomery 11792 San Jose Blvd Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Violet Montgomery 11792 San Jose Blvd. Jacksonville, FL 32223	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: Michael Montgomery (904) 636-7845 2/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #