

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90421 046 ***150.00

DOCUMENT # P01000102210					
1. Entity Name ROOMS ETC., INC.					
Principal Place of Business 2629 WAVERLY BARN RD #122 DAVENPORT, FL 33897			Mailing Address 2629 WAVERLY BARN RD #122 DAVENPORT, FL 33897		
2. Principal Place of Business 9350 W. HWY 192 Suite, Apt. #, etc. SUITE 106 City & State CLERMONT FL Zip 34714 Country USA		3. Mailing Address 9350 W. HWY 192 Suite, Apt. #, etc. SUITE 106 City & State CLERMONT FL Zip 34714 Country USA		40076113 	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JEFFREY A 2629 WAVERLY BARN RD #122 DAVENPORT, FL 33897			7. Name and Address of New Registered Agent Name <u>SMITH JEFFREY A</u> Street Address (P.O. Box Number is Not Acceptable) 9350 W. HWY 192 SUITE 106 City <u>CLERMONT</u> <u>FL</u> Zip Code <u>34714</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P SMITH, JULIE E 9350 W. HWY 192 SUITE 106 CLERMONT, IL 39719	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SMITH JULIE E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					
SIGNATURE: <u>[Signature]</u>		09/26/06 863 420 4995			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			