2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P01000102210 1. Entity Name ROOMS ETC., INC. Principal Place of Business Mailing Address 9350 W. HWY 192 9350 W. HWY 192 **SUITE 106** SUITE 106 CLERMONT, FL 34779 CLERMONT, FL 34779 No Cha-P CR2E034 (11/05) 04102007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, JEFFREY A DO NOT WRITE 9350 W. HWY 192 CLERMONT, FL 34714 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. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME SMITH, JULIE E 1000000740245 STREET ADDRESS 9350 W. HWY 192 SUITE 106 ns/14/07-80060-003 150.0**0** CITY-ST-ZIP CLERMONT, IL 39719 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR