2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # P02000053335 05-01-2006 90407 031 ***150.00 1. Entity Name ELSA ROHOW INC. Principal Place of Business Mailing Address 2300 CANASTA DRIVE 2300 CANASTA DRIVE BRADENTON BEACH, FL 34217 BRADENTON BEACH, FL 34217 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3643719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROHOW, ELSA DO NOT WRITE 2300 CANASTA DRIVE BRADENTON BEACH, FL 34217 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE ROHOW, ELSA NAME STREET ADDRESS 2300 CANASTA DR CITY-ST-ZIP BRADENTON BEACH, FL 34217 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED