2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078872

Entity Name: ROSE -N- RON, INC.

FILED Mar 04, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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33497 S. DIXIE HWY, #104 33497 S. DIXIE HWY, SUITE 104 HOMESTEAD, FL 33034 FLORIDA CITY, FL 33034

Current Mailing Address: New Mailing Address:

29700 SW 209 AVE. 33497 S. DIXIE HWY, SUITE 104 HOMESTEAD, FL 33030 FLORIDA CITY, FL 33034

FEI Number: 32-0024798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, ROSE
29700 SW 209 AVE.
HOMESTEAD, FL 33030 US
THOMPSON, ROSE
33497 S. DIXIE HWY, SUITE 104
FLORIDA CITY, FL 33034 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: 03/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 THOMPSON, ROSE
 Name:
 THOMPSON, ROSE

 Address:
 29700 SW 209 AVE.
 Address:
 33497 S. DIXIE HWY, SUITE 104

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 FLORIDA CITY, FL 33034

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

Name: THOMPSON, RONALD Name: THOMPSON, RONALD Address: 29700 SW 209 AVE. Address: 33497 S. DIXIE HWY, SUITE 104

 Address:
 29700 SW 209 AVE.
 Address:
 33497 S. DIXIE HWY, SUITE 104

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:
 FLORIDA CITY, FL 33034

 $\label{eq:Title:$

Name: Name: ROHALY, HOLLY

Address: Address: 33497 S. DIXIE HWY, SUITE 104
City-St-Zip: City-St-Zip: FLORIDA CITY, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HOLLY ROHALY T 03/04/2006