2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 25, 2007 8:00 am **Secretary of State DOCUMENT # P02000128267** 1. Entity Name 01-25-2007 90040 035 ***150.00 ROGERS SERVICES INTERNATIONAL INC. Principal Place of Business Mailing Address 124 S.E. THIRD COURT 124 S.E. THIRD COURT DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business - No P.O. Box # 3. Mailing Address (Same) 4287 S.W. High Meadows Avenue & Suite, Apt. #, etc. CR2E034 (12/06) 01222007 Chg-P City & State 4. FEI Number Applied For **NOT APPLICABLE** Palm City Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Martin 7. Name and Address of New Registered Agent - Change in Add ress 6. Name and Address of Current Registered Agent Name ROGERS, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 124 S.E. THIRD COURT <u>A</u>ven uc DEERFIELD BEACH, FL 33441 City Palm City Zip 504990 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIE: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD TITLE ☐ Detete TITLE Change Addition NAME ROGERS, GREGORY A NAME 4287 S.W. High Meadows Ave. 124 S.E. THIRD COURT STREET ADDRESS STREET ADORESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP ΡŊ TITLE Delete TITLE 4287 S.W. High Meadows Auc. ROGERS, JOHN P NAME MALAF STREET ADDRESS 124 S.E. THIRD COURT STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-7/8 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition Delete ППЕ ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Addition ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attactment with an address, with all other like empowered. **SIGNATURE**

FILED