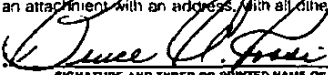


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90001 010 ***150.00

DOCUMENT # P03000006931 1. Entity Name B. ROSSI, INC.																																	
Principal Place of Business P.O. BOX 46785 TAMPA FL 33647			Mailing Address P.O. BOX 46785 TAMPA FL 33647																														
2. Principal Place of Business - No P.O. Box # 28739 PRAIRIE FALCON DRIVE Suite, Apt. #, etc. 29839		3. Mailing Address Suite, Apt. #, etc.																															
City & State WESLEY CHAPEL, FL.		City & State		4. FEI Number 56-2312965 ☐ Applied For ☒ Not Applicable																													
Zip 33545	Country USA	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent JOHNSON, SHELLY M ESQ. 2435 U.S. HWY. 19, STE. 350 THE HOLIDAY TOWER HOLIDAY FL 34691				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ DATE _____ (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when "transfer" is selected).)																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PVST ROSSI, BRUCE A P.O. BOX 46785 TAMPA FL 33647 ☐ Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROSSI, BRUCE A P.O. BOX 46785 TAMPA FL 33647 ☐ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly like empowered.																																	
SIGNATURE  BRUCE A. ROSSI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-27-08 813-363-3179 Date Day-Mo-Phone #																														