2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000032148** 05-01-2006 90415 034 ***150.00 KULÁNI T. ROZELLE, INC. Principal Place of Business Mailing Address 923 MARITIME CT 923 MARITIME CT BRADENTON, FL 34212 US BRADENTON, FL 34212 2. Principal Place of Business 3. Mailing Address 602 CRANE PRAIRIE WAY 602 CRANE PRAIRIE WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number OSPREY FLORIDA FLORIDA 42-1584913 Not Applicable OSPREY Country い. S. A. \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROZELLE KULANI ROZELLE, KULANI T Street Address (P.O. Box Number is Not Acceptable) 923 MARITIME CT BRADENTON, FL 34212 602 CRANE PRAIRIE WAY City OSPREY 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITI F ☐ Delete TITLE ROZELLE, KULANI ROZELLE, KULANI T NAME NAME 602 CRANE PRAIRIE WAY **4819 CARRINGTON CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OSPREY, FL. 34229 CITY-ST-ZIP SARASOTA, FL 34243 Change ☐ Addition TITLE ☐ Delete TITLE -. ROZELLE RICHARD E. GOZ CRANEPRAIRIE WAY ROZELLE, RICHARD E NAME NAME STREET ADDRESS **4819 CARRINGTON CIRCLE** STREET ADDRESS OSPREY , FL. 34229 SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS 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 attachment with an address, with all other like empowered.

RICHARD E. ROZELLE

FILED

May 01, 2006 8:00 am