

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90071 023 ***150.00

DOCUMENT # P03000032148			
1. Entity Name KULANI T. ROZELLE, INC.			
Principal Place of Business 602 CRANE PRAIRIE WAY OSPREY, FL 34229 US		Mailing Address 602 CRANE PRAIRIE WAY OSPREY, FL 34229 US	
2. Principal Place of Business - No P.O. Box # 7076 TALON BAY DR		3. Mailing Address 7076 TALON BAY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH PORT, FL.		City & State NORTH PORT, FL.	
Zip 34287		Zip 34287	
Country SARASOTA		Country SARASOTA	
4. FEI Number 42-1584913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROZELLE, KULANI T 602 CRANE PRAIRIE WAY PALMETTO, FL 34-2219		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZELLE, KULANI T 602 CRANE PRAIRIE WAY OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZELLE, KULANI T. 7076 TALON BAY DR. NORTH PORT, FL. 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROZELLE, RICHARD E 602 CRANE PRAIRIE WAY OSPREY, FL 34229 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROZELLE, RICHARD E. 7076 TALON BAY DR. NORTH PORT, FL. 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Richard E. Rozelle</i> RICHARD E. ROZELLE		4/18/07 941/966-5385	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	