



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 Suite, Apt. #, etc.		3. Mailing Address 7076 TALON BAY DR. Suite, Apt. #, etc.			
City & State NORTH PORT, FL.		City & State NORTH PORT, FL.		4. FEI Number 42-1584913	
Zip 34287		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZELLE, KULANI T 602 CRANE PRAIRIE WAY PALMETTO, FL 34229				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 P NAME ROZELLE, KULANI T STREET ADDRESS 602 CRANE PRAIRIE WAY CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE P NAME ROZELLE, KULANI T. STREET ADDRESS 7076 TALON BAY DR. CITY-ST-ZIP NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME ROZELLE, RICHARD E STREET ADDRESS 602 CRANE PRAIRIE WAY CITY-ST-ZIP OSPREY, FL 34229	<input type="checkbox"/> Delete		TITLE ST NAME ROZELLE, RICHARD E. STREET ADDRESS 7076 TALON BAY DR. CITY-ST-ZIP NORTH PORT, FL. 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/18/07 Daytime Phone # 941/966-5385		