2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State

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DOCUMENT # P03000038092 1. Entity Name ROSELY OPPORTUNITIES, INC.				Secretary of State 06-20-2006 90013 038 ***550.00	e
Principal Plac	e of Business	Mailing Address			
		8286 WESTERN WAY CIR Suite C-2	CLE		
JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 3225		6 US) (SENSE) IN SENS IN SENS (NO. 1881) CON CONTROL OF NO. 1881 CONTROL OF NO.	.	
2. Principal Place of Business 3. Mailing Address					
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			90	06072006 Chg-P CR2E034 (11/05)	
City & Stat	٩	City & State	`11 T1	4. FEI Number Applied Fi	
Zip	Country FL	Jackson Zip	Country	84-1622996 Not Applic	cable
3220	27	32207	•	Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
WIENER,	S (P.O. Box Number is Not Acceptable)				
4310 SHERIDAN STREET Street Address (i				of Riverplace Blvd.	
HOLLYWOOD, FL 33021				ite 2400	
Jacksonville FL 32207					,
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.					
Bout Ille To Kong Rocal Discourt Conson De 10 1 2000					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOWIN FEE IS \$550.00 9. Election Campaign Financing \$5.00				25.00	
			55.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD KANNER, ROSE W PSD	☐ Delete	TITLE	☐ Change ☐ Ad	dition
STREET ADDRESS	2822 RIDGEFILED COURT		NAME STREET ADDRESS		j
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZP		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Ac	dition
STREET ADDRESS			NAME Street Address		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Ad	1 dition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: __AQS[]

CITY-ST-ZIP

MICHATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIREC

904-7605020