2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063343

Entity Name: SEVEN ROSES, INC.

FILED Jun 14, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Princi	pal Place of Business:	
19421 NW MIAMI, FL			18379 NW 2 MIAMI, FL 3		
Current Mailing Address:			New Mailing Address:		
19421 NW MIAMI, FL					
FEI Number	: 16-1671440	FEI Number Applied For()	FEI Number Not Applic	able () Certificate of Status Desired	I()
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
19421 NŴ MIAMI, FL	33056 US	ubmits this statement for the p	urpose of changing its	registered office or registered agent, o	or bot
		abilities tille statement for the p	arpose or origing its	registered emoc or registered agent, c	, ,
	e of Florida.				
n the State					
n the State	RE:	c Signature of Registered Age	ent	Date	
n the State SIGNATUI n accordan	RE: Electron	(2)(b), F.S., the corporation did no			
n the State SIGNATUI n accordan Election Car	RE: Electron	(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice		ECT
n the State BIGNATUI n accordan Election Car OFFICER: Vitle: Name: Address:	RE: Electron ce with s. 607.193 mpaign Financing S AND DIRECT	(2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS: Delete ARD	t receive the prior notice		ECT
n the State SIGNATUI n accordan Election Car	Electron ce with s. 607.193 mpaign Financing S AND DIRECT D () MCPHEE, EDW. 19421 NW 18 C MIAMI, FL 3305	(2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS: Delete ARD T 66 Delete LA	t receive the prior notice ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIR	ECT
n the State SIGNATUI n accordan Election Car OFFICER: Title: Name: Address: City-St-Zip: Fitle: Name: Address:	Electron ce with s. 607.193 mpaign Financing S AND DIRECT D () MCPHEE, EDW. 19421 NW 18 C MIAMI, FL 3305 MCPHEE, JAMII 19421 NW 18 C MIAMI, FL 3305	(2)(b), F.S., the corporation did no Trust Fund Contribution (). FORS: Delete ARD T 66 Delete LA	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GICHANGES TO OFFICERS AND DIR () Change () Addition	ECT

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD MCPHEE P 06/14/2005