2005 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with

SIGNATURE:

all other like empowered

IE OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

ANNUAL REPORT FILED Jan 31, 2005 08:00 AN **DOCUMENT # P03000107906 Secretary of State** ROYAF INVESTMENT, INC. Principal Place of Business Mailing Address 843 CYPRESS PKWY STE 247 843 CYPRESS PKWY STE 247 KISSIMMEE, FL 34759 KISSIMMEE, FL 34759 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0722078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROJAS, FRANCISCO R DO NOT WRITE 775 LUCAYA DRIVE KISSIMMEE, FL 34758 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000206130 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/31/05 80073-603 150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OD TITLE NAME ROJAS, FRANCISCO R 775 LUCAYA DRIVE STREET ADDRESS KISSIMMEE, FL 34758 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP And the second s THILE NAME **DO NOT WRITE** STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filing does not qualify 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 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