

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jan 22, 2007
Secretary of State**

DOCUMENT# P03000110348

Entity Name: ROADScape NORTH FLORIDA, INC.

Current Principal Place of Business:

1727 HELENA STREET
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

PO BOX 26736
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-0223184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEEM, LAZETTE
3717 LYDIA ESTATES DRIVE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALEEM, BILAL S
Address: 3717 LYDIA ESTATES DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: SALEEM, LAZETTE
Address: 3717 LYDIA ESTATES DR.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDWARD, DANIEL
Address: 1911 EAST 25TH
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Change () Addition
Name: SALEEM, BILAL
Address: 3717 LYDIA ESTATES DR.
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BILAL SALEEM

VP

01/22/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date