## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000014185

Entity Name: R.O.W. II GROUP INC.

FILED May 21, 2006 Secretary of State

Current Pri	incipal Place	of Business:	New Principal Place of	of Business:
626 MAY S <sup>-</sup> JACKSON\	T /ILLE, FL 3220	4		
Current Ma	ailing Address	:	New Mailing Address	:
626 MAY S <sup>-</sup> JACKSON\	T /ILLE, FL 3220	4		
FEI Number:	72-1605966	FEI Number Applied For ( ) FEI Nur	nber Not Applicable()	Certificate of Status Desired ( )
Name and	Address of Cเ	ırrent Registered Agent:	Name and Address of	New Registered Agent:
JAMES, GA 626 MAY S <sup>-</sup> JACKSONV		4 US		
The above in the State		ubmits this statement for the purpose o	f changing its registered	office or registered agent, or both,
SIGNATUR	E:			
	Electronic	Signature of Registered Agent		Date
	e with s. 607.193(	(2)(b), F.S., the corporation did not receive t	he prior notice.	Date
Election Cam	e with s. 607.193(	(2)(b), F.S., the corporation did not receive t Trust Fund Contribution ( ).	•	Date S TO OFFICERS AND DIRECTORS:
Election Cam	e with s. 607.193( paign Financing AND DIRECT	(2)(b), F.S., the corporation did not receive to Trust Fund Contribution ( ).  ORS:  Delete V  SON AVE	ADDITIONS/CHANGE	
Election Cam OFFICERS Title: Name: Address:	e with s. 607.193; paign Financing AND DIRECT CEOP ()[ ANSLEY, MARK' 1046 N JEFFERS SARASOTA, FL	(2)(b), F.S., the corporation did not receive to trust Fund Contribution ( ).  ORS:  Delete V  SON AVE 34237  Delete V  SON AVE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e with s. 607.193( paign Financing AND DIRECT  CEOP ()[ ANSLEY, MARK: 1046 N JEFFERS SARASOTA, FL  T ()[ ANSLEY, MARK: 1046 N JEFFERS SARASOTA, FL  COOV ()[ JAMES, GAILON	(2)(b), F.S., the corporation did not receive to trust Fund Contribution ( ).  ORS: Delete V SON AVE 34237 Delete V SON AVE 34237 Delete SARET STREET #262	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:

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: GAILON S. JAMES S 05/21/2006