### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000019514

1. Entity Name

ROA SERVICES INCORPORATED



FILED
May 05, 2006 08:00 AM
Secretary of State

Principal Place of Business

8617 E. COLONIAL DR.

1200

ORLANDO, FL 32817

Mailing Address

8617 E. COLONIAL DR.

1200

ORLANDO, FL 32817



DO NOT WRITE IN THIS SPACE

04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 43-2041969

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ROBERTO R 2224 WOODS EDGE CIR. ORLANDO, FL 32817

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its re-	gistered office or registered agent, or both	n, 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

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PTD RODRIGUES, ROBERTO 2224 WOODS EDGE CIR. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S OROSA, ANA M 2224 WOODS EDGE CIR. ORLANDO, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS		

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# DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRE

04/28/06

4072770078