2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 31, 2005 8:00 am Secretary of State DOCUMENT # P04000025074 1. Entity Name 08-31-2005 90013 016 ***150.00 ROSENBACH ENTERPRISES, INC. Principal Place of Business Mailing Address 11125 ALAWEDA BAYCT. 11125 ALAMEDA BAYCT. WELLINGTON FL 33414 WELLINGTON FL. 33414 2. Principal Place of Business 3. Mailing Address 1161 N.E. 45th St. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08212005 Lauderdale City & State City & State 4. FEI Number Applied For 14-1902963 *3*3>3° Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PSOINOS, GEORGE D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BLVD., #106 WEST PALM BEACH, FL 33401 City Zio Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE President ☐ Delete HILE ☐ Change ☐ Addition Richard W. Rosenbach Jr. NAME NAME 11/25 Alomeda Bay Ct. Willington for 33414 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secretory Treasurer Morgaret M. Rosenbach TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 11125 Alamida By Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME 0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

Richard W.

SIGNATURE.

President

FILED