


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90067 001 \*\*\*450.00

<b>DOCUMENT # P04000053431</b> 1. Entity Name ROCHE LAND DEVELOPMENT GROUP INC.	
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Principal Place of Business <b>180 MARLEN DRIVE MELBOURNE BEACH, FL 32951</b>	Mailing Address <b>180 MARLEN DRIVE MELBOURNE BEACH, FL 32951</b>
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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2240272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DIJAN, SIME 180 MARLEN DRIVE MELBOURNE BEACH, FL 32951</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIJAN, SIME 180 MARLEN DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BENS, STEVEN 2207 ATLANTIC STREET, # 825 MELBOURNE BEACH, FL 32951
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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:**  **STEVEN P. BENS** 3/1/06 321-446-9319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #