


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90048 048 \*\*\*150.00

<b>DOCUMENT # P04000067154</b>	
1. Entity Name <b>ROCON DEVELOPMENT CORP.</b>	

Principal Place of Business <b>1531 BEAVER DAM RD. POINT PLEASANT, NJ 08742 US</b>	Mailing Address <b>1531 BEAVER DAM RD. POINT PLEASANT, NJ 08742 US</b>
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2. Principal Place of Business <b>705 Rt. 71 UNION AVE</b>	3. Mailing Address <b>705 Rt. 71 UNION AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRIELLE, NJ</b>	City & State <b>BRIELLE, NJ</b>
Zip <b>08730</b>	Zip <b>08730</b>
Country <b>USA</b>	Country <b>USA</b>



07082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-104 9541</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROBERTS, DENNIS T 3616 PINE OAK CIRCLE UNIT # 103 FORT MYERS, FL 33916</b>	
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7. Name and Address of New Registered Agent	
Name <b>1</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>11041 HARBOUR YACHT CT, UNIT 101</b>	
City <b>FT. MYERS</b>	FL Zip Code <b>33902</b>


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 re-registering)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRES</b>	<input type="checkbox"/> Delete	TITLE <b>705 Rt. 71 UNION AVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERTS, DENNIS T</b>		NAME <b>BRIELLE, NJ</b>	
STREET ADDRESS <b>1531 BEAVER DAM RD.</b>		STREET ADDRESS <b>08730</b>	
CITY-ST-ZIP <b>POINT PLEASANT, NJ 08742</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: 	Date <b>8-1-05</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	