

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148391

Entity Name: ROCKS OF AFRICA, INC.

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

138 BUSHNELL PLAZA, SUITE 202
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

138 BUSHNELL PLAZA, SUITE 202
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 20-1814513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

OWEN, IVETTE M
138 BUSHNELL PLAZA, SUITE 202
BUSHNELL, FL 33513 US

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.

SIGNATURE: IVETTE OWEN

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OWEN, EMIL
Address: 138 BUSHNELL PLAZA, SUITE 202
City-St-Zip: BUSHNELL, FL 33513

Title: VP () Delete
Name: OWEN, COLIN
Address: 138 BUSHNELL PLAZA, SUITE 202
City-St-Zip: BUSHNELL, FL 33513

Title: S (X) Delete
Name: OWEN, HELGA
Address: 138 BUSHNELL PLAZA, SUITE 202
City-St-Zip: BUSHNELL, FL 33513

Title: T (X) Delete
Name: OWEN, IVETTE
Address: 138 BUSHNELL PLAZA, SUITE 202
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: OWEN, IVETTE
Address: 138 BUSHNELL PLAZA, SUITE 202
City-St-Zip: BUSHNELL, FL 33513

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IVETTE OWEN

VP

04/19/2005

Electronic Signature of Signing Officer or Director

Date