


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 039 ***150.00

DOCUMENT # P05000009332	
1. Entity Name SAM ROSS, INC.	

Principal Place of Business 9022 E GULF TO LAKE HWY INVERNESS, FL 34450	Mailing Address 9022 E GULF TO LAKE HWY INVERNESS, FL 34450
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40004736



2. Principal Place of Business - No P.O. Box # 3336 E. Paula Ln.	3. Mailing Address 3336 E. Paula Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112008 Chg-P CR2E034 (12/06)

City & State INVERNESS FL	City & State INVERNESS FL
Zip 34453	Zip 34453
Country USA	Country USA

4. FEI Number 52-2448292	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROSS, SAM 9022 E GULF TO LAKE HWY 3336 E. Paula Ln. INVERNESS, FL 34450 INVERNESS, FL - 34453	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip 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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROSS, SAMUEL J 9022 E GULF TO LAKE HWY 3336 E. Paula Ln. INVERNESS, FL 34450 INVERNESS, FL - 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ROSS, DOROTHY 9022 E GULF TO LAKE HWY 3336 E. Paula Ln INVERNESS, FL 34450 INVERNESS, FL - 34453
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Samuel J. Ross	Date: 01/15/08	Daytime Phone #: (352) 860-1302
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		