2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # P05000068669** 04-07-2006 90021 041 ***150.00 1. Entity Name ROCKY'S RENTALS, INC. Principal Place of Business Mailing Address QUU# OFF 7040-25 SEMINOLE PRATT 7040-25 SEMINOLE PRATT WHITNEY ROAD #12 WHITNEY ROAD #12 LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 CR2E034 (11/05) City & State City & State FEI Number Applied For Not Applicable Zio Country 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 FRIEDMAN, MARC Street Address (P.O. Box Number is Not Acceptable) 8634 NW 58TH PLACE PARKLAND, FL 33067 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. 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 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE ☐ Delete TITLE Change Addition NAME HOYT, STEVE NAME STREET ADDRESS 7040-25 SEMINOLE PRATT, WHITNEY ROAD #12 STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-ZIP CITY-ST-ZIP TOTLE □ Delete TITLE ☐ Change ☐ Addition NAME CATAPANO, EILEEN NAME STREET ADDRESS 7040-25 SEMINOLE PRATT, WHITNEY ROAD #12 STREET ADDRESS LOXAHATCHEE, FL 33470 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **ILLTE** ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ 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 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:

فسفا SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-792-8408

FILED