

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-01-2006 90421 017 ***150.00

DOCUMENT # P05000072497

1. Entity Name
ROLLING WORKS, INC.



Principal Place of Business
**9412 CHANDON DR.
ORLANDO, FL 32825**

Mailing Address
**9412 CHANDON DR.
ORLANDO, FL 32825**

66020022



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2863356

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRERA, OSCAR
9412 CHANDON DR.
ORLANDO, FL 32825**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

**P
BARRERA, OSCAR
9412 CHANDON DR.
ORLANDO, FL 32825**

☐ Change ☐ Additor

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

☐ Change ☐ Additor

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CITY-STATE-ZIP
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☐ Change ☐ Additor

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 supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changes, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-06

DATE

Day and Month