2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076989

Entity Name: ROSAL CORPORATION

FILED Sep 09, 2006 Secretary of State

,					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3734 SAWGRASS DRIVE TITUSVILLE, FL 32780				795 SE PORT ST LUCIE BLVD	
11108VILLI	E, FL 32/80		#3 PORT ST LUCIE, FL (34984	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3734 SAWGRASS DRIVE TITUSVILLE, FL 32780			8418 S US HWY 1 PORT ST LUCIE, FL 3	8418 S US HWY 1 PORT ST LUCIE, FL 34952	
FEI Number:	20-2901724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
800 VIRGIN 38-I	ERNDON PA NIA AVE RCE, FL 34982	2 US	8418 S US HWY 1	BIRAN C HERNDON PA 8418 S US HWY 1 PORT ST LUCIE, FL 34952 US	
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: BIRAN HERNDON				09/09/2006	
Electronic Signature of Registered Agent			ent	Date	
		5(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VACHON, ROGE 3734 SAWGRAS TITUSVILLE, FL	SS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () VACHON, SALL' 3734 SAWGRAS TITUSVILLE, FL	SS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROGER VACHON DP 09/09/2006