2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2007 08:00 All Secretary of State **DOCUMENT # P05000083250** 1. Entity Name ROSELLE ASSOCIATES, P.A. Principal Place of Business Mailing Address 5401 CRYSTAL ANNE DRIVE 5401 CRYSTAL ANNE DRIVE WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 No Chg-P 04162007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2938603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BRODSKY, ROSELLE** DO NOT WRITE 5401 CRYSTAL ANNE DRIVE WEST PALM BEACH, FL 33417 IN THIS SPACE 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. HARVEY BRUDSKY VICE PRESIDENT 4-16-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS tm F BRODSKY, ROSELLE NAME U00000713457 04/26/07-80091-007 150.00 STREET ADDRESS 5401 CRYSTAL ANNE DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE NAME BRODSKY, HARVEY STREET ADDRESS 5401 CRYSTAL ANNE DR CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

FILED