

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136673

FILED
May 14, 2009
Secretary of State

Entity Name: ROSE OF EDEN ENTERPRISES INC.

Current Principal Place of Business:

16353 SW 29TH ST
MIRAMAR, FL 33027

New Principal Place of Business:

7801 W COMMERCIAL BLVD #7811
TAMARAC, FL 33351

Current Mailing Address:

16353 SW 29TH ST
MIRAMAR, FL 33027

New Mailing Address:

7801 W COMMERCIAL BLVD #7811
TAMARAC, FL 33351

FEI Number: 32-0146946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, ARLENE
16353 SW 29TH ST
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

ALLISON, ARLENE
8180 CLEARY BLVD #1803
PLANTATION, FL 33324 US

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.

SIGNATURE:

05/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLISON, ARLENE
Address: 16353 SW 29TH ST
City-St-Zip: MIRAMAR, FL 33027

Title: CFO () Delete
Name: ALLISON, STEPHEN
Address: 16353 SW 29TH ST
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLISON, ARLENE
Address: 8180 CLEARY BLVD #1803
City-St-Zip: PLANTATION, FL 33324

Title: CFO (X) Change () Addition
Name: ALLISON, STEPHEN
Address: 8180 CLEARY BLVD # 1803
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify 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: ARLENE ALLISON

P

05/14/2009

Electronic Signature of Signing Officer or Director

Date