

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 8:00 am**  
**Secretary of State**

08-17-2007 90031 012 \*\*\*150.00

DOCUMENT # P06000003785			
1. Entity Name ROSEDOT, INC.			
Principal Place of Business P.O. BOX 4343 PLANT CITY, FL 33563		Mailing Address P.O. BOX 4343 PLANT CITY, FL 33563	
2. Principal Place of Business - No P.O. Box # 1205 W. Washington St		3. Mailing Address Suite, Apt. #, etc.	
City & State Plant City, Florida		City & State Plant City, Florida	
Zip 33563		Country United States	
4. FEI Number 13-4333453		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFADDEN, ROBERT A 1205 WEST WASHINGTON STREET PLANT CITY, FL 33563		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCFADDEN, ROBERT P.O. BOX 4343 PLANT CITY, FL 33563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pamela Shephard McFadden P.O. BOX 4343 Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 information.			
SIGNATURE: <u>Robert A. McFadden</u>		Date: <u>8/8/07</u> Daytime Phone #: <u>813-326-5614</u>	

ATTACHMENT

40129514

ROSEDOT, INC.

P.O. Box 4343  
Plant City, FL. 33563

August 13, 2007

Dear Sir or Madam:

Subject: 2007 For Profit Corporation Annual Report

This note is being written to notify you when I accessed the online annual report at [www.sunbiz.org](http://www.sunbiz.org) I was prompted with the following question. Did you receive prior notification to file the annual report by a certain due date? If not filed and paid by the due date, a late fee penalty would be charged. The first notification I received was to file the annual report and fee by September 5, 2007.

I have enclosed the 2007 For Profit Annual Report and fee for ROSEDOT, INC.  
document #P0600003785.

Regards,



Robert McFadden  
President  
RoseDot, Inc.  
Enclosure (1)