2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P06000020483 04-26-2007 90229 035 ***150.00 1. Entity Name ROGAMA, INC. Principal Place of Business Mailing Address **10084420** 3360 EAST GULF TO LAKE HIGHWAY 3360 EAST GULF TO LAKE HIGHWAY HNIT 7 INVERNESS, FL 34450 INVERNESS, FL 34450 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-P CR2E034 (12/06) City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ODOM, DANNY R 1909 NE 52ND STREET OCALA, FL 34479 subgrijs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the obligations of re SIGNATURE (NOTE: Registered Agent aignature required when renatating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Defete ☐ Change Addition NAME MAHONEY, ROBERT G JR. STREET ADDRESS 1414 STOWE STREET STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MAHONEY, GAY E NAME NAME STREET ADDRESS 1414 STOWE STREET STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP SEC TITLE ☐ Delete TITLE Change ☐ Addition NAME MAHONEY, ROBERT G JR. STREET ADDRESS 1414 STOWE STREET STREET ADORESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP TITLE TREA ☐ Delete TITLE ☐ Change ■ Addition NAME MAHONEY, GAY E NAME STREET ADDRESS 1414 STOWE STREET STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34450 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 a SIGNATURE:

OFFICER OR DIRECTO

FILED