2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000008748

Entity Name: ROCKET POCKETS INTERNATIONAL, INC.

FILED May 29, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	IDSOR LAKE C		New 1 Time	npui i iuce	or Business.	
Current Mailing Address:			New Maili	New Mailing Address:		
10556 WIN BLDG #39 TAMPA, FI	IDSOR LAKE C L 33626	COURT				
FEI Number:	20-8272614	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:						
	Electroni	c Signature of Registered Ager	nt		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () HOSKINS, GARY 10556 WINDSOI TAMPA, FL 336	R LAKE COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () THOM, CHARLE: 10556 WINDSOI TAMPA, FL 336	R LAKE COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PT () HOSKINS, NANC 10556 WINDSOI TAMPA, FL 336	R LAKE COURT	Title: Name: Address: City-St-Zip:	HOSKINS, N	SOR LAKE COURT	
Title: Name: Address: City-St-Zip:	D () THOM, ANNE 10556 WINDSOI TAMPA, FL 336	R LAKE COURT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GRIFFITH, JOSE 1680 OWEN DR CLEARWATER,	IVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	OFFERMAN 1576 MARY		

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: NANCY HOSKINS PT 05/29/2009