
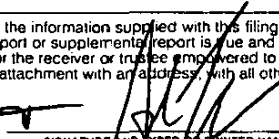


**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

09-11-2008 90003 002 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P07000056477			
1. Entity Name ROCKETSAUCE, INC.			
Principal Place of Business 8040 NW 96TH TERR., SUITE 108 TAMARAC, FL 33321		Mailing Address <del>8040 NW 96TH TERR., SUITE 108</del> <del>TAMARAC, FL 33321</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7777 GLADES RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 219	
City & State		City & State Boca Raton	
Zip	Country	Zip	Country
33434	US	33434	US
4. FEI Number		09092008 Chg-P CR2E034 (12/06)	
20-899020		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		7. Name and Address of New Registered Agent	
FELL, ADAM 8040 NW 96TH TERR., SUITE 108 TAMARAC, FL 33321		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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	D	TITLE	
NAME	FELL, ADAM	NAME	
STREET ADDRESS	8040 NW 96TH TERR., SUITE 108	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.			
SIGNATURE: 		ADAM FELL 9/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40113764



ATTACHMENT  
40115724

September 9, 2008

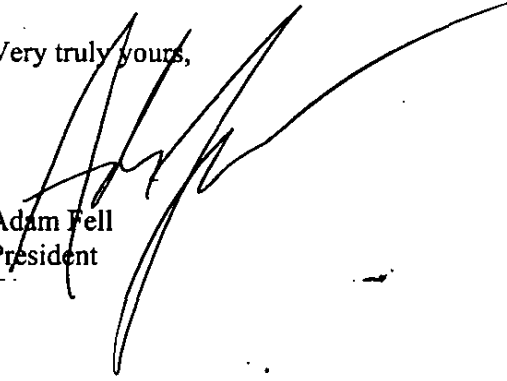
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Rocketsauce, Inc.  
P07-000056477

Dear Sirs:

Enclosed please find the Annual Report for the above noted organization. We did not receive the annual report.

Very truly yours,

  
Adam Fell  
President