

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90042 016 ***150.00

DOCUMENT # P07000075594 1. Entity Name ROCKET SCIENCE MADE EASY, INC.					
Principal Place of Business 230 VIA D ESTE # 1510 DELRAY BEACH, FL 33445			Mailing Address 777 E. ATLANTIC AVENUE SUITE C2-352 DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box # 5686 ASPEN RIDGE CIR		3. Mailing Address Suite, Apt. #, etc.			
City & State DELRAY BEACH FL		City & State City: Zip: Country:		4. FEI Number 26-0510810	
Zip: 33484 Country: USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04092008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LEVOFSKY, IRA D 230 VIA D ESTE 1510 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: State: 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: <u><i>[Signature]</i></u> PRESIDENT IRA D. LEVOFSKY <u>4/9/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVOFSKY, IRA D 230 VIA D ESTE # 1510 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWEDENBERG, JAMES M 903 ST. JAMES PLACE FRANKLYN SQUARE, NY 11010 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LEVOFSKY, ALISON M 230 VIA D ESTE # 1510 DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> IRA D. LEVOFSKY <u>4/18/08</u> 561 699 8831 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					