


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90179 012 ***150.00

DOCUMENT # P07000108668
 1. Entity Name
 ROGER BAUM INTERNATIONAL EXPORTS INC



Principal Place of Business
 1814 TANGLEDVINE DRIVE
 WESLEY CHAPEL, FL 33543

Mailing Address
 1814 TANGLEDVINE DRIVE
 WESLEY CHAPEL, FL 33543

40033000



2. Principal Place of Business - No P.O. Box #
 10069 N. Florida Ave.

3. Mailing Address
 10069 N. Florida Ave.

Suite, Apt. #, etc.
 Suite B-11

Suite, Apt. #, etc.
 Suite B-11

City & State
 Tampa, FL 33612

City & State
 Tampa, FL

02222008 Chg-P CR2E034 (12/06)

Zip
 33612

Country
 USA

Zip
 33612

Country
 USA

4. FEI Number
 26-1175145

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SHARON P
 1814 TANGLEDVINE DRIVE
 WESLEY CHAPEL, FL 33543

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

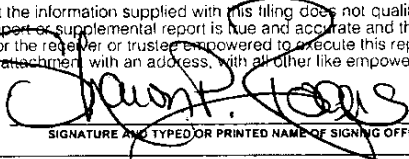
10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME ROGERS, SHARON P	
STREET ADDRESS 1814 TANGLEDVINE DRIVE	
CITY-ST-ZIP WESLEY CHAPEL, FL 33543	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  SHARON P. ROGERS, PRESIDENT 4/30/08 (813-248-1860)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #