
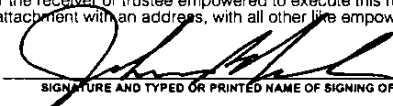


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90254 003 \*\*\*150.00

DOCUMENT # P07000131240			
1. Entity Name ROSPLOCK MANAGEMENT, INC.			
Principal Place of Business 660 US HWY. ONE, 3RD FLOOR JUPITER, FL 33468-2410		Mailing Address 660 US HWY. ONE, 3RD FLOOR JUPITER, FL 33468-2410	
2. Principal Place of Business - No P.O. Box # 8140 Belvedere Rd Suite 5		3. Mailing Address 8140 Belvedere Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite E5	
City & State West Palm Beach, FL		City & State West Palm Beach	
Zip 33411	Country USA	Zip 33411	Country USA
6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. 660 US HWY. ONE, 3RD FLOOR JUPITER, FL 33468-2410		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	FL
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	President John P. Rosplack 413 Meadowlark Lane Jupiter FL 33458 <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
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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: 		Date	4/15/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	(561) 793-6400 Daytime Phone #

40097619



04152008 Chg-P CR2E034 (12/06)

4. FEI Number 261586443 Applied For Not Applicable

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