2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P94000092956

Entity Name: PENDA ROO HOLDING CORPORATION

Current Principal Place of Business:

2344 W.WISCONSIN ST.
P.O.BOX 449
PORTAGE, WI 53901

New Principal Place of Business:

2344 W.WISCONSIN ST.
PORTAGE, WI 53901

Current Mailing Address:

2344 W.WISCONSIN ST.
P.O.BOX 449
PORTAGE, WI 53901

New Mailing Address:

FEI Number: 39-1808928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BUERGEL, ULF
Address: 2344 W WISCONSIN STREET
City-St-Zip: PORTAGE, WI 53901

Title: VPF ( ) Delete
Name: CANDELMO, DAVID P
Address: 2344 W WISCONSIN STREET
City-St-Zip: PORTAGE, WI 53901

Title: VPS ( ) Delete
Name: MOSTKOFF, SAMUEL
Address: 2344 W.WISCONSIN ST.
City-St-Zip: PORTAGE, WI 53901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BUERGEL, ULF
Address: 2344 W WISCONSIN STREET PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: V (X) Change ( ) Addition
Name: MOSTKOFF, SAMUEL
Address: 2344 W WISCONSIN STREET PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: D (X) Change ( ) Addition
Name: BUERGEL, ULF
Address: 2344 W.WISCONSIN ST. PO BOX 449
City-St-Zip: PORTAGE, WI 53901

Title: D ( ) Change (X) Addition
Name: MOSTKOFF, SAMUEL
Address: 2344 W.WISCONSIN ST. PO BOX 449
City-St-Zip: PORTAGE, WI 53901

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL MOSTKOFF D 01/19/2007
Electronic Signature of Signing Officer or Director Date