


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000034310**  
 1. Entity Name  
**ROMPER ROOM, INC.**



Principal Place of Business      Mailing Address  
**5295 EAST BAY DRIVE**      **5295 EAST BAY DRIVE**  
**CLEARWATER FL 33764**      **CLEARWATER FL 33764**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt., etc.      Suite, Apt., etc.  
*Same*      *Same*  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FEI Number      Applied For  
**59-3312201**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TATAROW, MARY**  
**5295 EAST BAY DRIVE**  
**CLEARWATER FL 33764**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*Same*  
 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 *Mary Tatarow*      1/27/06  
Signature, typed or printed name of registered agent and Inc. if applicable (NOTE: Registered Agent signature required when consulting) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>TATAROW, MARY</b>
STREET ADDRESS	<b>510 TABOR CT</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>TATAROW, JERRY</b>
STREET ADDRESS	<b>15 PINWOOD CIR</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>TATAROW, ANGELA</b>
STREET ADDRESS	<b>15 PINWOOD CIR</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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"/> Add
NAME	<b>100000444572</b>
STREET ADDRESS	<b>03/07/06-80008-011 150.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Tatarow*      1/27/06      201524-6