2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # P95000034310 1. Entity Namo ROMPER ROOM, INC. Pencipal Place of Business Mailing Arldress 5295 EAST BAY DRIVE 5295 EAST BAY DRIVE CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business - No R.O. Box # 3. Mailing Address Suite. Ant. #Leto. **/)** Sufig Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3312201 Not Applicable Z_{ip} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATAROW, MARY Street Address (P.O. Box Number is Not Acceptable) 5295 EAST BAY DRIVE **CLEARWATER FL 33764** 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 land accept the obligations of registered agent. SIGNATURE. Signature, typed or princed panie of registered alakin and the it hopficable DATE thOTE. Registrated agent a goalum requirms when rejorbating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trus: Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ☐ Derete TITLE TATAROW, MARY NAME STREET ADDRESS. 510 TABOR CT STREET ADDRESS CITY-SI-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE TATAROW, JERRY HAME NAME STREET ADDRESS 15 PINEWOOD CIR STREET ADDRESS OITY-\$1-7/2 SAFTEY HARBOR FL CITY - ST - ZIP U00000805461 Doiete HILL Change Addition 02/05/08-80003-005 150.00 'JAME TATAROW, ANGELA NAME STREET ADDRESS 15 PINEWOOD CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL ☐ Change $\{II\}_{i=1}^{n}$ ☐ Delete HILE ☐ Addition HAME MAME SURELT ADDRESS STREE! ADDRESS DITY-ST-ZIP CHY-GI-ZIP Addition TITLE ☐ Defete TITLE ☐ Change HAME NAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CDY-SI-ZP ☐ Change Addition TOLE De ete TITLE NAME. MAUL STREET ADORESS STREET ADDRESS CHY-ST-ZIP CHY - \$1 - 712 I begreby 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 it made under oath; that I am an other 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

with all other like empowered.

if changed, or on an attachment with an address,

SIGNATURE:

27/524-6/no +