2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an a

SIGNATURE AND TO

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NTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P95000048542 1. Entity Name 04-19-2005 90389 031 ***150.00 DIAL-A-ROSE 2000, INC. Principal Place of Business Mailing Address 12216 US HWY 1 1837 PLEASANT DR. NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip 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 GALIANO, GINA ANN Street Address (P.O. Box Number is Not Acceptable) 1837 PLEASANT DRIVE NORTH PALM BEACH FL 33408 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCĖO 🗀 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GALÍANO, GINA ANN NAME NAME STREET ADDRESS 1837 PLEASANT DR. STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SCOTT, MICHAEL ALAN NAME STREET ADDRESS 2600 6TH AVE. STREET ADDRESS CITY-ST-7IP LAKE WORTH FL 33461 CITY-ST-ZIP TITLE Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

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