2007 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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1. Entity Name

ROCKLANDS ENTERTAINMENT, INC.



Principal Place of Business

1135 PASADENA AVENUE SOUTH

SUITE 209

ST. PETERSBURG, FL 33707 US

Mailing Address

1135 PASADENA AVE. S.

SUITE 209

SAINT PETERSBURG, FL 33707



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3366125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D & B CORPORATE SERVICES, INC. 5999 CENTRAL AVENUE SUITE 202 SAINT PETERSBURG. EL. 33710

DO NOT WRITE IN THIS SPACE

SAINT PE	TERSBURG, FL 33710				ITIO	–	3
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its register			oth, in the State of Florida. I a	am familiar with, and	d accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signature r	equired when reinstating)	DAT	E	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, BRIAN W 1135 S PASADENA AVE S #209 ST. PETERSBURG, FL		10 m		" (John Doos 878)	e e e e e e e e e e e e e e e e e e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/17/07-80047	•	75
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NAME STREET ADDRESS CITY-ST-ZIP			11.	ing of the second	_		3
TITLE			, 1° ,	And the spie	gradient de Sentre de la companya d	, ,	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND DIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIANEOWARDS 1-9-07

7278048587

Daytime Phone #