FILED
Feb 24, 2006 08:00
Secretary of Stat

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000049987

1. Entity Name
ROSE GARDEN PARADISE, INC.

Principal Place of Business	Mailing Address
5503 S.W. 6TH AVENUE CAPE CORAL, FL 33914	1318 LAFAYETTE STREET CAPE CORAL, FL 33904

01052005 No Chg P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792009
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE ST
CAPE CORAL, FL 33904

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Florida Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U00000445983
03/07/06-80071-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTEGEL, JOERN-CHRISTOF
STREET ADDRESS	AM HAUENBODEN 1
CITY-ST-ZIP	63768 HOESBACH/GERMANY,
TITLE	D
NAME	FRANCOISE DE LA FRECONNIERE-ORTEGEL
STREET ADDRESS	AM HAUENBODEN 1
CITY-ST-ZIP	63768 HOESBACH/GERMANY,
TITLE	D
NAME	HILL, THOMAS W
STREET ADDRESS	1318 LAFAYETTE ST.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J C Mayd Joern-Christof ORTEGEL 01.15.2006 06024/6349.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #