2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000053162

1. Entity Name
BILLYROSE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 23 PM 1:59

Principal Place of Business	Mailing Address
2030 CORONA DEL SIRE DRIVE N FT MYERS, FL 33917	2030 CORONA DEL SIRE DRIVE N FT MYERS, FL 33917

04042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0690685 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHABAY, WILLIAM D 2030 CORONA DEL SIRE DRIVE N FT MYERS, FL 33917	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CHABAY, WILLLIAM D 2030 CORONA DEL SIRE DRIVE N FT MYERS, FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CHABAY, WILLIAM D 2030 CORONA DEL SIRE DR N FT MYERS, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD CHABAY, ROSE M 2030 CORONA DEL SIRE DRIVE N FT MYERS, FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	400128777224 05/07/08--01041--016 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T PARKER, DENISE R. 1001 LAKESHORE DR FARGIFORD, N.D. 58214	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	B 4/24/08	☐ Change ☐ Addition

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: William D. Chabay 4/20/08 239-543-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William D. CHABAY, PRESIDENT