

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000015080

1. Entity Name  
DENNIS ROCKWELL, INC.



Principal Place of Business  
7359 PANACHE WAY  
BOCA RATON, FL 33434 US  
Mailing Address  
2298 NW 2ND AVE  
SUITE 20  
BOCA RATON, FL 33431 US

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

01042008 Chg-P CR2E034 (12/06)

40013315



4. FEI Number  
65-0728242

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
		Applied For Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROCKWELL, DENNIS 7359 PANACHE WAY BOCA RATON, FL 33434		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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	D ROCKWELL, DENNIS 7359 PANACHE WAY BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Dennis Rockwell, Jr.* **Date:** *12/5/08* **Daytime Phone #:** *561-391-3613*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR