2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000045490

Entity Name: ROOM FINDERS, INC.

Title:

Title:

Name: Address:

Name:

Address

City-St-Zip:

City-St-Zip:

() Delete

() Delete

FILED Jan 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1901 BRINSON ROAD SUITE G-7 LUTZ, FL 33558 **New Mailing Address: Current Mailing Address:** 1901 BRINSON ROAD SUITE G-7 LUTZ, FL 33558 FEI Number: 59-3452257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIPSON, JACK S GIPSON, JACK S 1901 BRÍNSON ROAD 1901 BRÍNSON ROAD SUITE G-7 SUITE G-7 LUTZ, FL 33558 US LUTZ, FL 33549 US 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. SIGNATURE: JACK S GIPSON 01/23/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: GIPSON, JACK S GIPSON, JACK S Name: Name: 1901 BRINSON RD G-7 1901 BRINSON RD G-7 Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33558 Title: Title: () Change (X) Addition () Delete Name: Name: SKIBBEE, GREGORY 125 FLAGSHIP DR Address: Address: LUTZ, FL 33549 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JACK S GIPSON P 01/23/2005

() Change (X) Addition

() Change (X) Addition

SINGER, CLIFFORD

125 FLAGSHIP DR

LUTZ, FL 33549

FISCHER, PAUL

LUTZ, FL 33549

125 FLAGSHIP DR