2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000006999

ROYALMARC CORPORATION



FILED Feb 04, 2005 08:00 AM Secretary of State

Principal Place of Business

160 COMMERCE RD

SUITE B

BOYNTON BEACH, FL 33426

Mailing Address

160 COMMERCE RD

SUITE B

DO NOT WRITE IN THIS SPACE

BOYNTON BEACH, FL 33426



01102005

CR2E034 (10/03)

4. FEI Number 65-0810448

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUL, RICHARD 160-B COMMERCE RD BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

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. (am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and site of applicable (NOTE, Registered Agent algentary required when rehatating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIROTA, ROY 160-B COMMERCE RD BOYNTON BEACH, FL 33426				000000214966 02/04/05-80033-01/ 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PAUL, RICHARD 160-B COMMERCE RD BOYNTON BEACH, FL 33426	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 outh; that I am an officer or director					

indicated on this report or suppremental report is true and accurate and that if an another or director of the corporation or the receiver or trustee employeed 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 employered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR