2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007756

Address: City-St-Zip: FILED May 14, 2004 Secretary of State

Entity Name: ROYAL FOAM, INC. **Current Principal Place of Business: New Principal Place of Business:** 1333 HAINES ST JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** 1333 HAINES ST JACKSONVILLE, FL 32206 FEI Number: 59-3488946 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: MOROZOV, VLADIMIR 1333 HAINES ST JACKSONVILLE, FL 322066035 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MOROZOV, VLADIMIR Name: Name: 12030 ANTIBES STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: Title: () Delete SD (X) Change () Addition PALY, PAVEL Name: PALY, PAVEL Name: 443 NAUGATUCK DR 621 W SURF SPRAY LANE Address: Address: JACKSONVILLE, FL 32225 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: (X) Change () Addition Title: () Delete Title: **VPD** PALY, NIKOLAY PALY, NIKOLAY Name: Name: 3941 LOCHLAUREL DR 3941 LOCHLAUREL DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277 Title: () Delete Title: (X) Change () Addition PALY, EUGENE PALY, EUGENE Name: Name: Address: 3875 SAN PABLO RD Address: 139 OSPREY COVE LANE City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: Title: () Change (X) Addition () Delete ZINCHENKO, LEONID Name: Name:

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.

Address:

City-St-Zip:

4716 UNIVERSITY BLVD. N

JACKSONVILLE, FL 32277

SIGNATURE: VLADIMIR MOROZOV PD 05/14/2004