Apr 02, 2004 08:00 AM Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P98000036728 ROSE KNOWS, INC. Principal Place of Business Mailing Address 7071 BRIGHT CREEK DRIVE PO BOX 19145 SARASOTA, FL 34231 SARASOTA, FL 34276 03302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3508365 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent ROSE, ROBERT DO NOT WRITE 7071 BRIGHT CREEK DRIVE SARASOTA, FL 34231 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) 9- Election Campaign Financing \$5.00 May Be 100000101206 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 _..□ Trust Fund Contribution. Added to Fees 04/02/04-80003-022 150.00 OFFICERS AND DIRECTORS 10. ם 7177 F NAME ROSE, ROBERT 7071 BRIGHT CREEK DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 RRE NAME STREET ADDRESS C33Y - ST - ZIP មមន MARK STREET ADDRESS DO NOT WRITE CITY-ST-70P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 (941)924-611

FILED