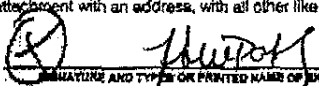


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000086114 1. Entity Name ROOSHEE, INC.			
Principal Place of Business 5401 W OAK RIDGE RD STE 67 ORLANDO, FL 32819 US		Mailing Address TRADEX BOX 5401 W OAK RD STE 67 ORLANDO, FL 32819	
DO NOT WRITE IN THIS SPACE			
 05102006 No Chg-P CRZE034 (11/05)			
4. FEI Number 59-3536772		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, HIREN M 828 CHAMBERLAIN LOOP LAKE WALES, FL 33853		DO NOT WRITE IN THIS SPACE	
II. 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 substituting)			
FILE NOW! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	
\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, HIREN M 828 CHAMBERLAIN LOOP LAKE WALES, FL 33853		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
U00000564672 05/20/06-80078-024 150.00			
DO NOT WRITE IN THIS SPACE			
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: 		5-1-06 407-325-9249 Date Daytime Phone #	
SIGNATURE AND TYPE OR PRINTED NAME OF BOOKING OFFICER OR DIRECTOR			