

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000101493 1. Entity Name ROYAL DENSHIP OF AMERICA, INC.	
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Principal Place of Business 19122 GREEN GROVE CT LOXAHATCHEE, FL 33470 US	Mailing Address 19122 GREEN GROVE CT SUITE 308 LOXAHATCHEE, FL 33470 US
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DO NOT WRITE IN THIS SPACE

000000454560
03/15/06-80020-014 150.00


01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0975375	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINTRAUB & WEINTRAUB, P.A.
2650 MILITARY TRAIL, STE. 150
BOCA RATON, FL 33431

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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. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD JOHANSEN, PETER 19122 GREEN GROVE CT LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, LARRY 19122 GREEN GROVE CT LOXAHATCHEE, FL 33470
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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 one empowered.

SIGNATURE 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____