2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109105

Entity Name: ROWE GROVES, INC.

Current Principal Place of Business:

FILED Feb 07, 2006 Secretary of State

450 BONAVENTURE BLVD. FORT LAUDERDALE, FL 33326	450 BONAVENTURE BLVD. WESTON, FL 33326
Current Mailing Address:	New Mailing Address:
450 BONAVENTURE BLVD. FORT LAUDERDALE, FL 33326	450 BONAVENTURE BLVD. WESTON, FL 33326
FEI Number: 65-0981432 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:
ROWE, BLAKE G 450 BONAVENTURE BLVD. FORT LAUDERDALE, FL 33326 US	ROWE, BLAKE G 450 BONAVENTURE BLVD. WESTON, FL 33326 US
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.	

Title:

New Principal Place of Business:

Election Campaign Financing Trust Fund Contribution ().

() Delete

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title:

SIGNATURE: BLAKE G. ROWE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

02/07/2006

Date

ROWE, BLAKE G ROWE, BLAKE G Name: Name: 450 BONAVENTURE BLVD. Address: 450 BONAVENTURE BLVD. Address: City-St-Zip: FORT LAUDERDALE, FL 33326 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: () Change (X) Addition ROWE, LUCILLE A Name: Name: Address: Address: 450 BONAVENTURE BLVD. WESTON, FL 33326 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: BRAUN, JANA L Address: 450 BONAVENTURE BLVD. Address: City-St-Zip: City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: BLAKE G ROWE P 02/07/2006