


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90210 039 ***158.75

DOCUMENT # S96454	
1. Entity Name ROSE LEA INTERNATIONAL SERVICES, INCORPORATED	

Principal Place of Business C/O RAYMOND LESLIE MORRIS PO BOX 915953 LONGWOOD FL 32791-5953 US	Mailing Address C/O RAYMOND LESLIE MORRIS PO BOX 915953 LONGWOOD FL 32791 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3107209	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MORRIS, RAYMOND-LESLIE 2500 ENGLISH IVY COURT WINGFIELD NORTH LONGWOOD FL 32779	

7. Name and Address of New Registered Agent	
MORRIS, RAYMOND-LESLIE 2500 ENGLISH IVY COURT WINGFIELD NORTH LONGWOOD FL 32779	

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 RL Morris RL MORRIS <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	Check no 5728 11 April 07 \$158.75
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PDT MORRIS, RAYMOND-LESLIE 2500 ENGLISH IVY CT WFD N LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP VTS MORRIS, ROSEMARIE A.E. 2500 ENGLISH IVY CT WFD N LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RL Morris President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	11 April 2007 <small>Date</small>	<small>Secretary of State</small>
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