2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** May 01, 2007 08:00 AM **DOCUMENT # V05828 Secretary of State** 1. Entity Name THE OPEN ROSE, INC. Principal Place of Business Mailing Address 6434 OPEN ROSE ROAD 6434 OPEN ROSE ROAD MILTON, FL 32570 MILTON, FL 32570 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3103221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDONALD, DENISE DO NOT WRITE 1451 LEWIS RD MILTON, FL 32570 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE MCDONALD, DENISE NAME 1451 LEWIS RD STREET ADDRESS MILTON, FL 32570 CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

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12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME

IGNATURE AND TYPE OR PRINTED NAME OF BICKING OFFICER OR DIRECTO

127-07

Daytime Phone #