

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08064

FILED
Mar 15, 2005
Secretary of State

Entity Name: RESIDENCES BY ROBERTA, INC.

Current Principal Place of Business:

% PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD. - SUITE 300
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

% PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD. - SUITE 300
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0312927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, DENNIS P ESQ.
%PORTER, WRIGHT, MORRIS & ARTHUR
5801 PELICAN BAY BLVD. - SUITE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEINBERG, ROBERTA
Address: 54 MISTY CRES
City-St-Zip: NORTH YORK ONT, CA M3B 1T3

Title: ST () Delete
Name: TICK, LORNE
Address: 54 MISTY CRES
City-St-Zip: NORTH YORK ONT, CA M3B 1T3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEINBERG, ROBERTA
Address: 36 ELKPATH AVENUE
City-St-Zip: TORONTO,ONT, CA M2L 2W1

Title: ST (X) Change () Addition
Name: TICK, LORNE
Address: 36 ELKPATH AVENUE
City-St-Zip: TORONTO,ONT, CA M2L 2W1

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORNE TICK

ST

03/15/2005

Electronic Signature of Signing Officer or Director

Date