


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V56526 1. Entity Name ROGINA, INC.	
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Principal Place of Business 202 LAKE MIRIAM DR, SUITE W-3 LAKELAND, FL 33813	Mailing Address 202 LAKE MIRIAM DR, SUITE W-3 LAKELAND, FL 33813
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01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3157426	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCARRY, ROBERT L
 6117 CARLA CIRCLE
 LAKELAND, FL 33811-1964

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01/09/06-R0018-013 158.75

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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-ST-ZIP	P SCARRY, ROBERT L 6117 CARLA CIR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCARRY, REGINA A 6117 CARLA CIR LAKELAND, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: Robert L. Scarry, Ph.D. Date: 04 Jan. 2006 Daytime Phone #: (813) 646-2920