

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042918

FILED
Jun 06, 2007
Secretary of State

Entity Name: ROWE FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6230 WILES ROAD
#7206
CORALSPRINGS, FL 33067

New Principal Place of Business:

9591 LAKE VIEW CIRCLE
UNION CITY, GA 30291

Current Mailing Address:

6230 WILES ROAD
#7206
CORALSPRINGS, FL 33067

New Mailing Address:

9591 LAKE VIEW CIRCLE
UNION CITY, GA 30291

FEI Number: 65-1104795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, JONATHAN ESQ
9050 PINES BLVD SUITE 250
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ROWE, LEWIS L
Address: 6230 WILES ROAD SUITE 7206
City-St-Zip: CORALSPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ROWE, LEWIS L
Address: 9591 LAKEVIEW CIRCLE
City-St-Zip: UNION CITY, GA 30291

I hereby certify that the information supplied with this filing does not qualify 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: LEWIS ROWE

PSD

06/06/2007

Electronic Signature of Signing Officer or Director

Date