2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State 01-29-2007 90084 047 ***150.00

2555 WHITE OAK CIRCLE AIRORA, IL 60502 2. Principal Place of Business - No. P.O. Box # 3. Mailing Address Soile, Apr. # etc.	1. Entity Nam	Y ROOFING, INC., A TECT			01-23-2007 90084 047 130.00
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City & State Name City & State City & FL Zip Code C	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address		
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20 Country	City & State		City & State		4. FEI Number 2/02 2/09 9848 Applied For
Signary (and some and Address of Corrent Registared Agent	Zip	Country	Zip	Country	5. Certificate of Status Desired 38.75 Additional
SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code City City City City City City City City		6. Name and Address of Current	Pegistered Agent	Name	
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or negistered agent, or both, in the State of Florida. I am familiar with, and according to the objective of eightered agent. SIGNATURE					dress (P.O. Box Number is Not Acceptable)
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE SIGNATURE STREAM REPORT AGENCY AND ACCOUNTS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE NOWITH FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 P. Election Campaign Financing \$5.00 may Be Accede to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PROWN, STEVE SIRRI ADDRESS 2555 WHITE CAK CIRCLE OFFICERS AND DIRECTORS IN 11. ITILE VCVP Detect MAKE SNOBECK, ROLF SIRRI ADDRESS 2555 WHITE CAK CIRCLE OFFICERS AND DIRECTORS IN 11. ITILE VCVP Detect MAKE SNOBECK, ROLF SIRRI ADDRESS 2555 WHITE CAK CIRCLE OFFICERS AND DIRECTORS IN 11. ITILE VCVP Detect MAKE SNOBECK, ROLF SIRRI ADDRESS 2555 WHITE CAK CIRCLE SIRRI ADDRESS 2555 WHITE CAK CIRCLE	PLANTATION, FL 33324				
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BROWN, RICK STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 1 or Block 10 or Block	NAME STREET ADDRESS	OLSON, CHRIS 2555 WHITE OAK CIRCLE	☐ Delete	NAME STREET ADDRESS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 1 or Block 10 or Block	NAME STREET ADDRESS	BROWN, RICK 2555 WHITE OAK CIRCLE	☐ Dolete	HAME STREET ADDRESS	. Crange Addition
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1-21 07 /2 POP 1/11	12. I hereby of indicated of the cor changed.	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	th this filling does not qualify for is true and accurate and that in covered to execute this report with all other like empowered	or the exemptions cor ny signature shall hav as required by Chapt	,
SIGNATURE: Chair Collision 1-24-0/ C30-598-44	SIGNAT		Class C	OR DIRECTOR	1-24-07 630-898-4444