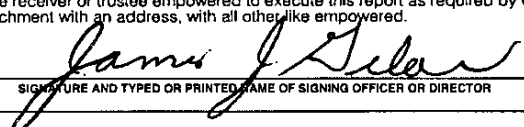


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 016 ***150.00

DOCUMENT # K45876 1. Entity Name A-1-A ROOFING & ALUMINUM, INC.					
Principal Place of Business 827 ORANGE AVE. PORT ORANGE, FL 32119			Mailing Address 3435 SPRING OAK LANE PORT ORANGE, FL 32129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHARE, FRED B. 1092 RIDGEWOOD AVE. HOLLY HILL, FL 32117				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	LYNAM, JON		NAME		
STREET ADDRESS	138 STONE GATE LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP		
TITLE	S ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GELOW, GEORGE JR.		NAME		
STREET ADDRESS	2006 GRAHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	S. DAYTONA, FL 32119		CITY-ST-ZIP		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GELOW, JAMES J		NAME		
STREET ADDRESS	3435 SPRING OAK LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date: 3/19/05 Daytime Phone #: 3867614159		