

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12730

FILED
Apr 01, 2009
Secretary of State

Entity Name: ACTION ROOFING SERVICES, INC.

Current Principal Place of Business:

1100 NW 54TH ST
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

1910 NW 18TH ST.
BAY #1
POMPANO BEACH, FL 33069

Current Mailing Address:

1100 NW 54TH ST
FT. LAUDERDALE, FL 33309

New Mailing Address:

1910 NW 18TH ST.
BAY #1
POMPANO BEACH, FL 33069

FEI Number: 59-2669101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCRUTON, LINDA
370 N.E. 24 ST.
BOCA RATON, FL 33431 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: DIFALCO, CHARLES
Address: 1100 NW 54TH ST
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP () Delete
Name: PATTERSON, BRUCE
Address: 1100 NW 54TH ST
City-St-Zip: FT. LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIFALCO, CHARLES
Address: 1910 NW 18 ST BAY 1
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Change () Addition
Name: PATTERSON, BRUCE
Address: 1910 NW 18 ST. BAY 1
City-St-Zip: POMPANO BEACH, FL 33069

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: ANGELA WILLIAMS

MS

04/01/2009

Electronic Signature of Signing Officer or Director

Date