

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084820

Entity Name: RESILIENT ROOFING, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

400 COMMERCE WAY
#128
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

400 COMMERCE WAY
#128
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3669602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLARTE, ANA G
3314 SUNSET RIDGE CT
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

LAVINE, DARRIN
400 COMMERCE WAY # 128
LONGWOOD, FL 32750 US

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: DARRIN LAVINE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAVINE, DARRIN C
Address: 3314 SUNSET RIDGE CT
City-St-Zip: LONGWOOD,, FL 32779

Title: DST () Delete
Name: OLARTE-LAVINE, LINA
Address: 3314 SUNSET RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Delete
Name: LAVINE, BRIAN
Address: 2302 FITZPATRICK TR.
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAVINE, DARRIN C
Address: 3314 SUNSET RIDGE CT
City-St-Zip: LONGWOOD,, FL 32779

Title: VPTS (X) Change () Addition
Name: OLARTE-LAVINE, LINA
Address: 3314 SUNSET RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINA OLARTE LAVINE

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date