2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 27, 2006
Secretary of State

DOCUMENT# P04000160251

Entity Name: SKY ROOFING, INC.

Current Principal Place of Business:

644 SPRINGOAKS BOULEVARD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

644 SPRINGOAKS BOULEVARD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 74-3135715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

WALESKA, NAZARIO
644 SPRING OAKS BLVD
ALTAMONTE SPRING, FL 32714 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: WALESKA NAZARIO 01/27/2006
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: PTD (X) Delete
Name: ORTIZ, FELIX
Address: 644 SPRINGOAKS BOULEVARD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO (X) Delete
Name: ORTIZ, FELIX
Address: 644 SPRINGOAKS BOULEVARD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Delete
Name: NAZARIO, MARILYN L
Address: 644 SPRINGOAKS BOULEVARD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CEO ( ) Delete
Name: NAZARIO, WALESKA M
Address: 644 SPRINGOAKS BOULEVARD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PTS ( ) Delete
Name: NAZARIO, WALESKA M
Address: 644 SPRINGOAKS BOULEVARD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WALESKA NAZARIO PST 01/27/2006
Electronic Signature of Signing Officer or Director Date