


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90009 020 ***150.00

DOCUMENT # P05000006997	
1. Entity Name TOTAL UNDER ROOF CONSTRUCTION, INC.	

Principal Place of Business 8167 CR 109 B LADY LAKE, FL 32159 US	Mailing Address 8167 CR 109 B LADY LAKE, FL 32159 US
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40025761



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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03012006 Chg-P CR2E034 (11/05)

Zip	Country	Zip	Country
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4. FEI Number 56-2505187	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MCKEE-WILSON, CYNTHIA 8167 CR 109 B LADY LAKE, FL 32159	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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: Cynthia McKee-Wilson CYNTHIA MCKEE-WILSON 3/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, OMAR 8167 CR 109 B LADY LAKE, FL 32159	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MCKEE-WILSON, CYNTHIA 8167 CR 109 B LADY LAKE, FL 32159	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALBRAITH, JOEY 8167 CR 109 B LADY LAKE, FL 32159	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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: Joseph J Galbraith JOSEPH J GALBRAITH 3/4/06 (352) 750-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #