2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 19, 2006
Secretary of State

DOCUMENT# P97000109022

Entity Name: LIPPONER ROOFING, INC.

Current Principal Place of Business:

475 PARK AVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

475 PARK AVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3483684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LIPPONER, VINCENT K
Address: 475 PARK AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP ( ) Delete
Name: GORGOL, KEITH
Address: 4416 YORKSHIRE DR.
City-St-Zip: MELBOURNE, FL 32937

Title: VP (X) Delete
Name: GRUNOW, ELLEN
Address: 475 PARK AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: AVP (X) Delete
Name: SANTEE, WALTER
Address: 379 NORWOOD AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GRUNOW, ELLEN
Address: 475 PARK AVE.
City-St-Zip: SATELLITE BEACH, FL 32937 US

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: VINCENT LIPPONER PSTD 10/19/2006

Electronic Signature of Signing Officer or Director Date