

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000109022

Entity Name: KLARA ROOFING, INC.

FILED
Jun 15, 2009
Secretary of State**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 32937Title: VP () Delete
Name: WHEELER, SCOTT
Address: 3397 RIVERCREST DR.
City-St-Zip: MELBOURNE, FL 32935 USTitle: AVP () Delete
Name: GRUNOW-LIPPONER, ELLEN
Address: 475 PARK AVE
City-St-Zip: SATELLITE BEACH, FL 32937Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**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: TREA () Change (X) Addition
Name: LIPPONER, HENRY
Address: 425 PARK AVE
City-St-Zip: SATELLITE BEACH, FL 32937Title: SEC () Change (X) Addition
Name: SPIVEY, TIMOTHY
Address: 134 BILLIAR AVE
City-St-Zip: PALM BAY, FL 32907

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: VINCENT LIPPONER

PSTD

06/15/2009

Electronic Signature of Signing Officer or Director

Date