


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 002 ***150.00

DOCUMENT # P05000018943	
1. Entity Name ALLY ROOFING OF SW FL INC.	

40094491



Principal Place of Business 1106 SE 23RD AVENUE CAPE CORAL, FL 33990	Mailing Address 1106 SE 23RD AVENUE CAPE CORAL, FL 33990
2. Principal Place of Business 2021 NE 4th Terrace Suite, Apt. #, etc.	3. Mailing Address 2021 NE 4th Terrace Suite, Apt. #, etc.

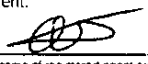
05102006 Chg-P CR2E034 (11/05)

City & State Cape Coral FL	City & State Cape Coral FL
Zip 33909	Country Lee
Zip 33909	Country Lee

4. FEI Number 20-2446503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, ALEXANDER 1106 SE 23RD AVENUE CAPE CORAL, FL 33990	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2021 NE 4th Terrace City Cape Coral FL Zip Code 33909	


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  Alexander Gonzalez 05/10/06
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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCALLISTER, LARRY JOHN P 1106 SE 23RD AVENUE CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ALEXANDER 1106 SE 23RD AVENUE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 2021 NE 4th Terrace Cape Coral FL 33909 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VELAZQUEZ, EDWIN R 1106 SE 23RD AVENUE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2607 SW 23th Place CAPE CORAL FL 33914 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  05/10/06 (239) 218-5087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #