

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 641083

FILED
Apr 03, 2009
Secretary of State

Entity Name: PROTECTIVE ROOFING CO.

Current Principal Place of Business:

COCOLI INDUSTRIAL AREA
LOT 7, PANAMA CANAL AREA
COCOLI, PANAMA, PN 00000

New Principal Place of Business:

Current Mailing Address:

BOX 0843-03055
PANAMA, REP. OF PANAMA, PN 00000

New Mailing Address:

FEI Number: 94-0040788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMA, GARY
2699 STIRLING ROAD
SUITE B-306
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

HOMA, DIANE MS
611 SAXONY BLVD.
ST. PETERSBURGS, FL 33716 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: DIANE HOMA

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: HOMA, C WILLIAM,
Address: HOUSE 792X
City-St-Zip: BALBOA, PANAMA, PN 00000

Title: VD () Delete
Name: HOMA, DEAN C,
Address: HOUSE 96
City-St-Zip: ALBROOK, PANAMA, PN 00000

Title: PD () Delete
Name: HOMA, BRUCE M,
Address: HOUSE 145B
City-St-Zip: ALBROOK, PANAMA, PN 00000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: HOMA, DEAN C,
Address: HOUSE 96
City-St-Zip: ALBROOK, PANAMA, PN 00000

Title: PTD (X) Change () Addition
Name: HOMA, BRUCE M,
Address: HOUSE 145B
City-St-Zip: ALBROOK, PANAMA, PN 00000

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: DEAN HOMA

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date