

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005696

FILED
Jan 20, 2006
Secretary of State

Entity Name: PREMIER SIDING AND ROOFING, INC.

Current Principal Place of Business:

400 NW ENTERPRISE DRIVE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

6741 W. SUNRISE BLVD.
SUITE 11
PLANTATION, FL 33313

Current Mailing Address:

400 NW ENTERPRISE DRIVE
PORT ST LUCIE, FL 34986

New Mailing Address:

6741 W. SUNRISE BLVD.
SUITE 11
PLANTATION, FL 33313

FEI Number: 82-0586901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTER, SAMUEL
400 NW ENTERPRISE DRIVE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

KOSTER, SAMUEL
6741 W. SUNRISE BLVD.
SUITE 11
PLANTATION, FL 33313 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: SAMUEL KOSTER

01/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOSTER, SAMUEL W
Address: 400 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: V () Delete
Name: KOSTER, CELESTE G
Address: 400 NW ENTERPRISE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOSTER, SAMUEL W
Address: 6741 W. SUNRISE BLVD, SUITE 11
City-St-Zip: PLANTATION, FL 33313

Title: V (X) Change () Addition
Name: KOSTER, CELESTE G
Address: 6741 W. SUNRISE BLVD, SUITE 11
City-St-Zip: PLANTATION, FL 33313

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: SAMUEL KOSTER

P

01/20/2006

Electronic Signature of Signing Officer or Director

Date