2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005891

Entity Name: THE ORIGINAL I.C.S. ROOFING, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8885 NAVARRE PARKWAY 101 LOVEJOY RD

NAVARRE, FL 32566 FT. WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

8885 NAVARRE PARKWAY 101 LOVEJOY RD.

NAVARRE, FL 32566 FT. WALTON BEACH, FL 32547

FEI Number: 20-2037270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SIMPSON, TONYA SIMPSON, TONYA 8885 NAVARRE PARKWAY 101 LOVEJOY RD.

NAVARRE, FL 32566 US FT. WALTON BEACH, FL 32547 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: TONYA SIMPSON 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCV () Delete Title: VCV (X) Change () Addition

Name:BENEDICT, RONNEYName:BENEDICT, RONNEYAddress:8885 NAVARRE PARKWAYAddress:101 LOVEJOY RD.

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: FT., WALTON BEACH, FL 32547

Title: DS (X) Delete Title: () Change () Addition

 Name:
 DODSON, GREGORY
 Name:

 Address:
 8885 NAVARRE PARKWAY
 Address:

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:

Name: SIMPSON, TONYA Name: SIMPSON, TONYA
Address: 8885 NAVARRE PARKWAY Address: 101 LOVEJOY RD.

City-St-Zip: NAVARRE, FL 32566 City-St-Zip: FT.. WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONYA SIMPSON PT 04/30/2005