


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000002954	
1. Entity Name ROOFS PLUS, INC.	

Principal Place of Business 3306 N US 1 FT. PIERCE, FL 34946	Mailing Address 3306 N US 1 FT. PIERCE, FL 34946
--	--

DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2937060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEEDHAM, SOPHIA KAY 3306 N US 1 FT. PIERCE, FL 34946
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	110100445653 03/07/06-80057-002 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEEDHAM, JACK 6222 ARLINGTON WAY FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NEEDHAM, KAY 6222 ARLINGTON WAY FT. PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, JACKIE 5953 SPANISH RIVER RD FT. PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Sophia Kay Needham</i> Sophia Kay Needham	Date 2-9-06	Daytime Phone # MR 465-4028
---	--------------------	------------------------------------