2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002954

8928 CHESTNUT RIDGE WAY

BOYNTON BEACH, FL 33437

Address:

City-St-Zip:

Entity Name: ROOFS PLUS, INC

FILED Apr 16, 2008 Secretary of State

y		1 200, 1140.				
Current Principal Place of Business:				New Principal Place of Business:		
1500 SW 30TH AVE.				1500 SW 30TH AVE.		
#3 BOYNTON BEACH, FL 33426				#1 BOYNTON BEACH, FL 33426		
Current Mailing Address:				New Mailing Address:		
1500 SW 30TH AVE.				1500 SW 30TH AVE.		
#3 BOYNTON BEACH, FL 33426				#1 BOYNTON BEACH, FL 33426		
FEI Number	: 75-2937060	FEI Number Applied For ()	FEI Numl	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NEEDHAM, SOPHIA KAY 1500 SW 30 AVE. #3 BOYNTON BEACH, FL 33426 US				NEEDHAM, SOPHIA KAY 1500 SW 30 AVE. #1 BOYNTON BEACH, FL 33426 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of	changing its registered	office or registered agent, or both,	
SIGNATURE:				04/16/2008		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	NEEDHAM, JA 10634 HILLTC) Delete CK P MEADOW POINT ACH, FL 33437	1	Fitle: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NEEDHAM, KA 10634 HILLTO) Delete xY P MEADOW POINT ACH, FL 33437	1	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S (SMITH, JACKI) Delete E		Title: (Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SOPHIA KAY NEEDHAM DVP 04/16/2008