## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000007448

FILED Feb 27, 2008 Secretary of State

Entity Nan	ne: AMERITE	CH ROOFING SYSTEMS INC	S.,		
Current Pi	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	42ND AVE ST (A, FL 33054	ΈB			
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
	42ND AVE ST (A, FL 33054	ΈΒ	P.O. BOX 907 LIBBY, MT 59923		
FEI Number:	75-2609770	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
	WORTH, RAY 25TH AVE ST FL 33323			HOLLINGSWORTH, RAYMOND 1520 NW 125TH AVE STE 207 SUNRISE, FL 33323 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				02/27/2008	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVC () HOLLINGSWOR 315 E. MAPLE LIBBY, MT 599	ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CV () HOLLINGSWOR 315 E. MAPLE LIBBY, MT 599	ST.	Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: MATTHEW HOLLINGSWORTH CV 02/27/2008