2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000003185

DAIGLE, WILLIAM

P.O. BOX 4381, 2804 E. 2ND ST

GULF SHORES, AL 36542

Name:

Address:

City-St-Zip:

Entity Name: ROLL-A-WAY DISTINCTIVE PRODUCTS. INC

FILED Sep 02, 2008 Secretary of State

y	mer Roll A	VALUE OF THE PROBLEM	0, 1140.			
Current Principal Place of Business: 2804 E. 2ND ST. GULS SHORE, AL 36542 Current Mailing Address:			New Princ	New Principal Place of Business: 2804 E. 2ND ST. GULF SHORES, AL 36542		
			New Mailing Address:			
P.O. BOX GULF SHO	4381 DRES, AL 3654	47				
FEI Number: 63-1198097 FEI Number Applied For ()		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:			
DAIGLE, V 5588 BAUI PENSACC		US				
	named entity s of Florida.	submits this statement for the p	ourpose of changing it	ts registered office or registered agent, or both		
SIGNATU	RE: WILLIAM	DAIGLE				
	Electron	ic Signature of Registered Age	ent	Date		
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () FLETCHER, JAI	Delete MES W , 2804 E. 2ND ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FOSTER, KEÌTH	, 2804 E. 2ND ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FLETCHER, JO.	, 2804 E. 2ND ST	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	WILKS, ROBER	, 2804 E. 2ND ST	Title: Name: Address: City-St-Zip:	V (X) Change () Addition DAIGLE, WILLIAM P.O. BOX 4381, 2804 E. 2ND ST GULF SHORES, AL 36542		
Title:	V (X)	Delete	Title:	()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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM DAIGLE VP 09/02/2008