2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003538

Entity Name: MERIT ROOFING SYSTEMS, INC.

FILED Jul 15, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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709 LINGCO DRIVE 675 N. GLENVILLE SUITE 109 SUITE 145

RICHARDSON, TX 750814006 RICHARDSON, TX 750814006

Current Mailing Address: New Mailing Address:

675 N. GLENVILLE SUITE 145 709 LINGCO DRIVE

SUITE 109 RICHARDSON, TX 750814006 RICHARDSON, TX 750814006

FEI Number: 75-2684543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

KIMBRELL, BRIAN KIMBRELL, BRIAN Name: Name: 709 LINGCO DRIVE, SUITE 109 675 N. GLENVILLE, SUITE 145 Address: Address: City-St-Zip: RICHARDSON, TX 750814006 City-St-Zip: RICHARDSON, TX 750814006

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

CLAXTON, SHELLY CLAXTON, SHELLY Name: Name:

709 LINGCO DRIVE, SUITE 109 675 N. GLENVILLE, SUITE 145 Address: Address: RICHARDSON, TX 750814006 RICHARDSON, TX 750814006 City-St-Zip: City-St-Zip:

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

WILSON, WILLIAM R Name: WILSON, WILLIAM R Name: 709 LINGCO DRIVE, SUITE 109 Address: 675 N. GLENVILLE, SUITE 145 Address:

City-St-Zip: RICHARDSON, TX 750814006 City-St-Zip: RICHARDSON, TX 750814006

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: SHELLY CLAXTON S 07/15/2008