

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000655

FILED
Jan 05, 2005
Secretary of State

Entity Name: BEST ROOFING TECHNOLOGY, INC.

Current Principal Place of Business:

POST OFFICE BOX 10803
RALEIGH, NC 27605

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10803
RALEIGH, NC 27605

New Mailing Address:

FEI Number: 56-1616029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMELLO, WAYNE
5810 TUKER RD
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DUDLEY, MARY
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

Title: D (X) Delete
Name: LIPPMAN, MARK
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

Title: D () Delete
Name: BARNES, DIANNE
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

Title: P () Delete
Name: BARNES, DAVID
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

Title: P (X) Delete
Name: BARNES, DAVID
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

Title: VP (X) Delete
Name: LIPPMAN, MARK
Address: 1108 NOWELL ROAD
City-St-Zip: RALEIGH, NC 27607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY DUDLEY

S

01/05/2005

Electronic Signature of Signing Officer or Director

Date