


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 024 ***150.00

DOCUMENT # F93000001874 1. Entity Name NATIONAL ROOFING OF SOUTH FLORIDA, INC.	
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Principal Place of Business P.O. BOX 4871 BALTIMORE, MD 21211	Mailing Address P.O. BOX 4871 BALTIMORE, MD 21211
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07212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-0812654	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CRISPINO, LOUIS T 451 RANCH RD WESTIN, FL 33326	3460 PADDOCK RD WESTIN, FL 33331

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP CRISPINO, LOUIS T 451 RANCH RD 3460 PADDOCK RD WESTIN, FL 33326 WESTIN, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV CRISPINO, LOUIS T 451 RANCH ROAD WESTIN, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CRISPINO, ROSE M 642 DEERHURST DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ZAPORA, DEBORAH L 1108 W WICKET LN WESTWICK LANE LUTHERVILLE TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-23-08 954.214.3035