


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 002 \*\*\*150.00

<b>DOCUMENT # J29802</b> 1. Entity Name <b>ROOF TILE SPECIALISTS, INC. - POMPANO</b>			
Principal Place of Business <b>50 KINDRED STREET SUITE 107 STUART, FL 34994</b>		Mailing Address <b>88 KEARNY STREET SUITE 1818 SAN FRANCISCO, CA 94108</b>	
2. Principal Place of Business - No P.O. Box # <b>3953 SW Bruner Terrace</b>		3. Mailing Address <b>7980 Enterprise Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Palm City, FL</b>		City & State <b>Newark, CA</b>	
Zip <b>34990</b>		Zip <b>94560</b>	
Country 		Country 	
4. FEI Number <b>59-2706214</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ELLIOTT, JAMES 50 KINDRED STREET SUITE 107 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name <b>David L. Wikel</b> Street Address (P.O. Box Number is Not Acceptable) <b>1011 Fairfield Dr.</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33407</b>	
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 <u>(previously submitted)</u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PETERSEN, JAMES 50 KINDRED STREET, SUITE 107 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BEEK, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN BEEK, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>David Van Beek</u>		Date <u>4-14-2008</u> Daytime Phone # <u>510-444-2902</u>	