


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

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| DOCUMENT # J81472 |  |
| 1. Entity Name ARCHITECTURAL ROOFING CONSULTANTS, INC. | |

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| Principal Place of Business 1950 NW 22 ST. FORT LAUDERDALE, FL 33311 US | Mailing Address 1950 NW 22 ST. FORT LAUDERDALE, FL 33311 US |
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0121369 | Applied For Not Applicable |
| 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 KORNAHRENS, ROBERT P 1950 NW 22 ST. FORT LAUDERDALE, FL 33311 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP KORNAHRENS, ROBERT P 1950 NW 22 ST. FORT LAUDERDALE, FL 33311 |
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05/05/05-80018-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Robert Kornahrens - President** 4-29-05 954-522-6868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone