2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44377

FILED Apr 17, 2007 Secretary of State

Entity Name: QUALITY ROOFING CONTRACTOR, INC.

Current P	rincipal Place	of Business:	New Principal Place	of Business:
3800 N.V /IIAMI, FL	V. 1ST AVE. 33168 US			
Surrent M	lailing Addres	s:	New Mailing Addres	s:
3800 N.V /IIAMI, FL	V. 1ST AVE. 33168 US			
El Number	: 65-0087907	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	, MARY LOU / 1 AVENUE 33168 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
n the State	e of Florida. RE:	ubmits this statement for the place is statement for the place is Signature of Registered Ag		ed office or registered agent, or both, Date
n the State	e of Florida. ´ RE: Electron			
n the State	e of Florida. ´ RE: Electron	ic Signature of Registered Ag	ent	
n the State	e of Florida. RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete .OS, E	ent	Date
n the State SIGNATUI Ilection Car DFFICER ittle: ame: ddress:	e of Florida. RE: Electron mpaign Financing S AND DIRECT PD () AROCHO, CARL 13800 NW 1 AV MIAMI, FL 3316	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete .OS, E 88 Delete GEL, E	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS AROCHO PD 04/17/2007