2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K71589

Entity Name: ROOFCRAFT INTERNATIONAL, INC.

FILED Dec 14, 2007 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

555 MAIN STREET ISLENSKIR ADALVERKTAKAR HF SUITE 1610 HOFDABAKKI 9 NORFOLK, VA 23510 US 110 REYKJAVIK, ICELAND, IC

Current Mailing Address: New Mailing Address:

555 MAIN STREET
SUITE 1610
NORFOLK, VA 23510
US
ISLENSKIR ADALVERKTAKAR HF
HOFDABAKKI 9
110 REYKJAVIK, ICELAND, IC

FEI Number: 65-0109597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALSSON, MAGNUS 5828 SW 89 TERRACE COOPER CITY, FL 33328 US

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

nt Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD () Delete Title: (X) Change () Addition FRIDZNSON, STEFAN FRIDFINNSON, STEFAN Name: Name: LAUGARASUEGUR 37 LAUGARASUEGUR 37 Address: Address: City-St-Zip: REYKJAVIK, IC City-St-Zip: REYKJAVIK, IC

Title: DC () Delete Title: VSD (X) Change () Addition Name: SVEINSSON, JON Name: PALSSON, GUDMUNDUR

Address: BARONSSTIGUR 5, 105 REYKJAVIK Address: LANGAMYRI 11

City-St-Zip: ICELAND, City-St-Zip: 210 GARDABAER, ICELAND, IC

Title: D () Delete Title: D (X) Change () Addition

Name: SIGURJONSSON, SIGURDUR Name: THORS, BJARNI
Address: REYKJAVIKURVEGUR 60, 220 HAFNAFJORDUR Address: HOFEDRUM 22

City-St-Zip: ICELAND, City-St-Zip: SELTJARNARNESI, ICELAND, IC

I hereby certify that the information supplied with this filing does not qualify 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: MAGNUS PALSSON RA 12/14/2007