2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000030675

Entity Name: CHAMPION ROOF SYSTEMS, LLC

Current Principal Place of Business:

7100 PLANTATION RD. SUITE 3-A
PENSACOLA, FL 32504

New Principal Place of Business:

5962 COMMERCE RD
MILTON, FL 32583

Current Mailing Address:

7100 PLANTATION RD. SUITE 3-A
PENSACOLA, FL 32504

New Mailing Address:

5962 COMMERCE RD
MILTON, FL 32583

FEI Number: 20-2648978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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 Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KELLY, SUZANNE B
Address: 7100 PLANTATION RD. SUITE 3-A
City-St-Zip: PENSACOLA, FL 32504

Title: ST ( ) Delete
Name: KELLY, SUZANNE B
Address: 7100 PLANTATION RD. SUITE 3-A
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KELLY, SUZANNE B
Address: 5962 COMMERCE RD.
City-St-Zip: MILTON, FL 32583

Title: ST (X) Change ( ) Addition
Name: KELLY, SUZANNE B
Address: 5962 COMMERCE RD
City-St-Zip: MILTON, FL 32583

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUZANNE B. KELLY MNGR 04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date