

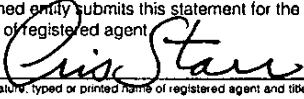
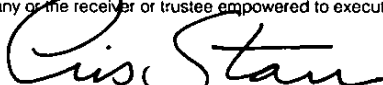


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90023 015 ****50.00

DOCUMENT # L05000110708						
1. Entity Name ALL SAFE ROOFING, LLC						
Principal Place of Business 52 ESTATE DRIVE N FT MYERS, FL 33917 US			Mailing Address 52 ESTATE DRIVE N FT MYERS, FL 33917 US			
2. Principal Place of Business 715 NE 19TH PLACE Suite, Apt. #, etc. 34		3. Mailing Address 715 NE 19TH PLACE Suite, Apt. #, etc. 34				
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		02072006 Chg-LLC CR2E083 (11/05)		
Zip 33909		Country USA		4. FEI Number 208815593		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: CRIS STARR Street Address (P.O. Box Number is Not Acceptable) 715 NE 19TH PL. UNIT 34 City: CAPE CORAL FL Zip Code: 33909			
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: 			DATE: APRIL 17, 2006			
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARR, CRIS			NAME		
STREET ADDRESS	52 ESTATE DRIVE			STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33917			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHNER, GENE			NAME		
STREET ADDRESS	PO BOX 381236			STREET ADDRESS		
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
11. 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 is true and accurate and that my 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: 				DATE: 4-19-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		