2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75930

Entity Name: BAYVIEW ROOFING, INC.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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% THEODORE R. CULBERTSON 1172 BROWNELL ST CLEARWATER, FL 34616

Current Mailing Address: New Mailing Address:

9100 126TH AVE. N. 9100 126TH AVENUE N. 9100 126TH AVENUE N. LARGO, FL 34643 US 9100 126TH AVENUE N. LARGO, FL 33773 US

FEI Number: 59-3058642 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:

 LAWSON, BRUCE
 9100 162TH AVENUE N.

 LARGO, FL 33773
 US

 LARGO, FL 33773
 US

 LAWSON, BRUCE
 9100 126TH AVENUE N.

 LARGO, FL 33773
 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: 04/10/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: LAWSON, BRUCE, Name: LAWSON, BRUCE,

 Name
 LAWSON, BROCE,

 Address:
 9100-125TH AVE.N.

 City-St-Zip:
 LARGO, FL

 City-St-Zip:
 LARGO, FL

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

 Name:
 LAWSON, BRUCE,
 Name:

 Address:
 9100-126TH AVE. N.
 Address:

 City-St-Zip:
 LARGO, FL
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CUMMINGS, CLAUDE
 Name:

 Address:
 9395-89TH AVE. N.
 Address:

 City-St-Zip:
 LARGO, FL
 City-St-Zip:

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: BRUCE LAWSON PST 04/10/2006