


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90411 043 \*\*\*158.75

<b>DOCUMENT #</b> 700000001074	
<b>1. Entity Name</b> Roofing U.S.A. of Central Florida Inc.	

**90098308**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1633 Dorris Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> PO Box 141075 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Orlando Florida	<b>City &amp; State</b> Orlando Florida
<b>Zip</b> 32807	<b>Zip</b> 32814-1075
<b>Country</b> Orange	<b>Country</b> Orange

<b>4. FEI Number</b> 59-3617861	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name <u>Benjamin C. Mensay</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1633 Dorris Drive</u>	
City <u>Orlando</u>	FL Zip Code <u>32807</u>

**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** Benjamin C. Mensay **DATE** 4-16-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1: Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
	<u>P Benjamin C. Mensay</u>		
<b>STREET ADDRESS</b>	<u>1633 Dorris Drive</u>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<u>Orlando Florida 32807</u>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
	<u>✓ Neil Swiger</u>		
<b>STREET ADDRESS</b>	<u>2899 Heatherside Circle</u>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<u>Orlando Florida 32822</u>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Benjamin C. Mensay **DATE** 4-16-03 **DAYTIME PHONE #** 407-467-4057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)