2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000021853

1. Entity Name

TJ'S ROOFING POLYURETHANE FOAM INSULATION & COATINGS CORPORATION



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

9255 104TH COURT VERO BEACH, FL 32967 Mailing Address

P 0 BOX 525

ROSELAND, FL 32957



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| DO | NOT | WRITE | IN THIS | SPACE |
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04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3652916

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADE, ANTHONY J 9255 104TH CT VERO BEACH, FL 32968

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| 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.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

D TITLE NAME ADE, ANTHONY J STREET ADDRESS 9255 104TH CT CITY-ST-ZIP VERO BEACH, FL 32968 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000739745 05/14/07-80039-018 150.00

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12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECT

4-21-07 (772)589-5039