2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000041184

1. Entity Name

ROOF RESTORATION SYSTEMS, INC.



Principal Place of Business Mailing Address

17748 ORANGE GROVE BOULEVARD LOXAHATCHEE, FL 33470 17748 ORANGE GROVE BOULEVARD LOXAHATCHEE, FL 33470

FILED

Jun 20, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

06152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1001809 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	a named entity submits this statement for the tions of registered agent.	purpose of char	nging its registered o	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or grinted name of registered agent and bile if applicable. (NOTE. Registered				nt signature	required when reinstating)	DATE
FiLE NOW!!! FEE IS \$150.00 9. Due by September 7, 2005		9.	, -		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS				= = = = = = = = = = = = = = = = = = = =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SHINN, CHARLES H 17748 ORANGE GROVE BOULEVAI LOXAHATCHEE, FL 33470	₹D		U0000n369679 06/20/05-80002-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD THOMAS, CHRISTOPHER D 17748 ORANGE GROVE BOULEVAI LOXAHATCHEE, FL 33470	RD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

-6/15/05