2007 FOR PROFIT CORPORATION

2007 08:00 AM te

ANNUAL REPORT					Apr 02, 200 / 08:00			
DOCU	MENT # P000000778			5	ecretai	ry of Stat		
1. Entity Name ALL AMERICAN ROOFING NORTH, INC.				1				
ALL AIVIE	RICAN ROOFING NORTH, II	,		·				
Principal Plac	e of Business	Mailing Address		}				
15 S DOLLIN		15 S DOLLINS AVENUE						
ORLANDO, F	L 32805	ORLANDO, FL 32805						
	•] ICANALII	Talii aan aan lan aan ea		NI(II NIINEI II IN	
			03272007	No Chg-P	CR2E034 (11	1/05)		
Г	O NOT WRITE	CE	03272007	No Chg-F	CINZEUS4 (11			
L	O NOT WINTE	IN THIS SEA	CL	4. FEI Numb 65-103			Applied For Not Applicable	
						S8.7	5 Additional	
				5. Certificate	of Status Desired		equired	
	6. Name and Address of Current Re	gistered Agent	4					
MANNING	, SUSAN		DΟ	NOT W	DITE			
944 W. PROSPECT ROAD FORT LAUDERDALE, FL 33309]	טט	MOI W	KIIL		
FORTLA	DERDALE, FL 33309			IN .	THIS SP	ACE	•	
8. The above	named entity submits this statement for ti	ne ourcose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept	
the obligat	ions of registered agent.		· · · · · · · · · · · · · · · · · · ·		,			
SIGNATURE.								
	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Register)	ad Agent signature required	when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees	•			
	OFFICERS AND DI	<u> </u>	I					
TITLE	PRES OFFICERS AND DI	RECTORS	-					
NAME	MANNING, JOSEPH							
STREET ADDRESS	19120 FOX LANDING DRIVE					1	,	
City-S1-ZIP	BOCA RATON, FL 33434		-1					
TITLE NAME	MANNING, CHRISTOPHER				HOC	00068601	9	
STREET ADDRESS	19150 FOX LANDING DRIVE				04/09/	707-80029	9 -002 150.40	
CITY-ST-ZIP	BOCA RATON, FL 33434		_					
TITLE NAME			1.					
STREET ADDRESS			ł	DO	NOT W	DITE	ļ	
CITY-ST-ZIP				טט	NOT W	KIIL]	
TITLE				IN.	THIS SP	ACE	•	
NAME STREET ADDRESS				.	- · · · · · ·			
CITY-ST-ZIP					•			
TITLE			1					
NAME OZDEST ADDRESO								
STREET ADDRESS CITY-S1-ZIP								

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 ceth; 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.

On 1540 phil manning

SIGNATURE: 4

TITLE NAME STREET ADDRESS

954-772-7663

Daytime Phone #