## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # P0000082689  1. Entity Name A-ONE ROOF SYSTEMS, INC.						01-11-2008 90063 029 ***150.00				
Principal Plan	o of Business	Mailing Addrage								
Principal Place of Business 1703 HOLYROOD DR MELBOURNE, FL 32935		Mailing Address 1703 HOLYROOD DR MELBOURNE, FL 32935				BB(I)				
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-P	CR2E034	(12/06)			
City & State		City & State			4. FEI Numbe 59-3668			_ <del> ·</del>	oplied For ot Applicable	
Zip	Country Zip		Country		5. Certificate	of Status Desired		8.75 Add e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
THORRE			Name							
	WILLIAM A JR YROOD DR	Street Addre		ress (P.O. Box Numbe	r is Not Accepta	able)		<u>-</u>		
MELBOUR	NE, FL 32935									
		•								
				City			FL	Zip Code	e	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered	d office or reg	gistered agent, or bot	h, in the State of	Florida. I am fan	niliar with,	and accept	
1										
SIGNATURE_	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	Registered A	Agent signature re	equired when reinstating)		DATE		<del></del>	
SIGNATURE_	Signature, typed or priviled name of registered agents  E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai	ign Financi		\$5.00 May Be Added to Fees		DATE			
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12. Thereby 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:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OF SIGNI

1-7-08

321-626-7603