

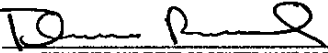


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90153 004 \*\*\*158.75

<b>DOCUMENT # P0000086656</b> 1. Entity Name <b>ADVANCED ROOF CLEANING, INC.</b>					
Principal Place of Business <b>912 S.E. WATERSIDE WAY STUART, FL 34997</b>			Mailing Address <b>912 S.E. WATERSIDE WAY STUART, FL 34997</b>		
2. Principal Place of Business - No P.O. Box # <b>402 SW LUCERO DR</b>		3. Mailing Address <b>402 SW LUCERO DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PORT ST. LUCIE, FL</b>		City & State <b>PORT ST LUCIE, FL</b>		4. FEI Number <b>32-1071199</b>	
Zip <b>34983</b>		Country <b>ST LUCIE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOYCE, DENNIS M ESQ. 631 U.S. HIGHWAY ONE #404 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name <b>THOMAS ROACH</b> Street Address (P.O. Box Number is Not Acceptable) <b>402 SW LUCERO DRIVE</b> City <b>PORT ST. LUCIE, FL</b> Zip Code <b>34983</b>			
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  <b>THOMAS ROACH</b> <span style="float: right;">4/13/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAWN, RICHARD 912 WATERSIDE WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT THOMAS ROACH 402 SW LUCERO DRIVE PORT ST LUCIE, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAWN, KATHY M 912 SE WATERSIDE WAY STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. ERIN ROACH 402 SW LUCERO DRIVE PORT ST LUCIE, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>THOMAS ROACH</b>			4/13/07 772-370-2395 <small>Date Daytime Phone #</small>		