
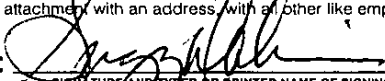


04-19-2007 90198 014 ***150.00

DOCUMENT # P01000037319						Secretary of State 04-19-2007 90198 014 ***150.00																																					
1. Entity Name ROOF SERVICES, INC.																																											
Principal Place of Business 209 NW 12TH AVE. POMPANO BEACH, FL 33069 US				Mailing Address 209 NW 12TH AVE. POMPANO BEACH, FL 33069 US																																							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																																							
Suite, Apt. #, etc.				Suite, Apt. #, etc.																																							
City & State				City & State																																							
Zip		Country		Zip		Country																																					
6. Name and Address of Current Registered Agent DEAN, LANA L 145 NORTH MAGNOLIA AVENUE ORLANDO, FL 32802-2828				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																							
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PRES WALLICK, GREGG 11901 S. W. 3RD STREET PLANTATION, FL 33325</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>TRES KNOX, KENT 11115 NW 18TH COURT CORAL SPRINGS, FL 33071</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>ASST APPLEBLATT, MICHELE 5789 NW 48 DRIVE CORAL SPRINGS, FL 33067</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WALLICK, GREGG 11901 S. W. 3RD STREET PLANTATION, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES KNOX, KENT 11115 NW 18TH COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST APPLEBLATT, MICHELE 5789 NW 48 DRIVE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PRES / DIR: 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>TREAS / SEC 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>ASST SEC. 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VP DALE E. EBY 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VP TIMOTHY FULLER 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VP CLIFTON BROOKS 209 NW 12TH AVENUE POMPANO BEACH, FL 33069</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES / DIR: 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS / SEC 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST SEC. 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE E. EBY 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY FULLER 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLIFTON BROOKS 209 NW 12TH AVENUE POMPANO BEACH, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 an other like empowered.																																											
SIGNATURE: 				4/16/07 954-941-9111																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																																							