2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050772

1. Entity Name

FILED Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90011 042 ***158.75

Principal Place of Business 13252 ATLICENORTH LOWANTINES 13470 12452 ATLICENORTH LOWANTINES 13470 ATLICENORT	WELLINGTON ROOFING, INC.				 .			
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Control of the Control of Control	3750	Wood DALE VRIDE						
### County South Applicable	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02052008 Chg-P	CR2E034 (12/06)		
Scheme and Address of Current Registered Agent Name N	WEIT	inaton Florida	WELLINGTON	Florida		├├		
NCMAHON, DENNIS A 375 WOOD DALE DR WELLINGTON, FL 33414 6. 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 lamillar with, and scoopt the obligations of registered agent. SIGNATURE Special typed or provide time of legistered agent and till if accidable. (InCITE Registered Agent signature required registered agent, or both, in the State of Florida. I am lamillar with, and scoopt the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE MAKE MAKE SITE ANDRESS OTH 51-79 WELLINGTON, FL 33414 INTE NAME STEEL ANDRESS OTH 51-79 WELLINGTON, FL 33414 INTE NAME STEEL ANDRESS STEEL A	3341	4 Country SA	33414	Country 15 2	5. Certificate of Status Desire	\$8.75 Add Fee Require	ditional ed	
STEEN HOWITI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. P	* * * * * * * * * * * * * * * * * * * 	6. Name and Address of Current F	legistered Agent	7.77	7. Name and Address of Ne	w Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							i	
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	375 WOOL	D DALE DR		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
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 Signature types of private name of registered agent and little # applicable. (NOTE: Registered Agent signature required when rendating)	112221110	1011,72 0047		Ì				
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SIGNATURE Sgratura, typed or project rest agent and title # explicable. INDITE Registered Agent signature required when redistating) DATE								
NAME								
ARTER May 1, 2008 Fee will be \$550,00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE MCMAHON, DENNIS A	SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requir	ad when reinstating)	DATE	——	
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indicated on this report of suppremental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: