## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000103302

Entity Name: THE ROOF PROFESSOR, INC.

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	3RD COURT ON, FL 33317				
Current Mailing Address:			New Mailing Address:		
	3RD COURT ON, FL 33317				
FEI Number:	65-1150537	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	RIC 3RD COURT DN, FL 33317	US			
The above in the State		bmits this statement for the pur	pose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E RINKUS, ERIC 7543 N.W. 3RD C PLANTATION, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () ERINKUS, DANIEL 8045 N.W. 21ST SUNRISE, FL 33	STREET	Title: ( Name: Address: City-St-Zip:	) Change()Addition	
Title: Name: Address: City-St-Zip:	D () ERINKUS, EUGEN 2226 W. CECILE KISSIMMEE, FL	STREET	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC RINKUS D 04/08/2005