## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000006224

Entity Name: ROBERT BINNS ROOFING, INC.

FILED Jan 31, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
140 LAKEVIEW DR. AUBURNDALE, FL 33823		3966 BERKLEY RD. AUBURNDALE, FL 3	3966 BERKLEY RD. AUBURNDALE, FL 33823	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
140 LAKEVIEW DR. AUBURNDALE, FL 33823		3966 BERKLEY RD. AUBURNDALE, FL 3	3966 BERKLEY RD. AUBURNDALE, FL 33823	
FEI Number:	: 43-1951384 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
BINNS, ME 140 LAKE\ AUBURNE				
	named entity submits this statement for the pu e of Florida.	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE:			
	Electronic Signature of Registered Agen	t	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete BINNS, ROBERT W PRES 140 LAKEVIEW DR AUBURNDALE, FL 33823	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete BINNS, MELISSA A SEC 140 LAKEVIEW DR AUBURNDALE, FL 33823	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete BINNS, ROBERT W PRES 140 LAKEVIEW DR AUBURNDALE, FL 33823	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete BINNS, ROBERT W 140 LAKEVIEW DR AUBURNDALE, FL 33823	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	D ( ) Delete BINNS, MELISSA A 140 LAKEVIEW DR AUBURNDALE, FL 33823	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete BINNS, MELISSA A TRESURE 140 LAKEVIEW DR AUBURNDALE, FL 33823	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 Chapter 119, 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: MELISSA BINNS SEC 01/31/2006