2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2008 08:00 AN Secretary of State DOCUMENT # P02000040233 1. Entity Name ROOF TREATMENT, INC. Principal Place of Business Mailing Address 2421 SW 127TH AVE 2421 SW 127TH AVE **DAVIE, FL 33325 DAVIE, FL 33325** No Chg-P CR2E034 (11/05) 04242008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0679597 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIELE, FRANK DO NOT WRITE 2421 SW 127TH AVE **DAVIE, FL 33325** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE MIELE, FRANK NAME 2421 SW 127TH AVE STREET ADDRESS U00000946485 05/30/08-80050-017 150.00 CITY-ST-ZIP **DAVIE, FL 33325** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. I hereby certify that the information supplied with this fiting 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 executive his report agreequire only Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TY