


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000114616 1. Entity Name ROOF-A-CIDE, INC. |  |
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| Principal Place of Business 3034 SW WIMBLEDON TERRACE PALM CITY, FL 34990 US | Mailing Address 2421 NW 127TH AVE DAVIE, FL 33325 US |
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number 20-0012979 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MIELE, FRANK
3034 SW WIMBLEDON TERRACE
PALM CITY, FL 34990**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

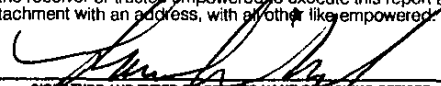
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|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000710321 04/25/07-R0038-023 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWNE, JOHN 3034 SW WIMBLEDON TERRACE PALM CITY, FL 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIELE, FRANK 2421 SW 127TH DAVIE, FL 33325 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  **4/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #