


# 607 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 015 \*\*\*158.75

**DOCUMENT # P03000015659**

1. Entity Name  
**RYAN ROLL ARTISTIC FINISHES, INC.**



Principal Place of Business  
**300 NW 43 AVE**  
**POMPANO BEACH, FL 33066**

Mailing Address  
**300 NW 43 AVE**  
~~# 304~~  
**POMPANO BEACH, FL 33066**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**COCONUT CREEK**

City & State  
**COCONUT CREEK**

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**ROLL, RYAN D**  
**300 NW 45 AVE**  
**POMPANO BEACH, FL 33066**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **COCONUT CREEK** FL Zip Code **33066**

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 *Ryan D. Roll* DATE **3-9-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

02132007 Chg-P CR2E034 (12/06)

4. FEI Number  
**32-0059135**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROLL, RYAN D</b> <b>1841 LYONS RD # 304</b> <b>COCONUT CREEK, FL 33063</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 NW 43<sup>RD</sup> AVE</b> <b>COCONUT CREEK, FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURES: *x Ryan D. Roll* **PRESIDENT** **2/14/07**