

APPROPRIATE
AND
FILED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 JUL 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # P03000034562 1. Entity Name COMANCHE ROOFING INC.					
Principal Place of Business 1040 N.W. 125TH STREET MIAMI, FL 33168			Mailing Address 1040 N.W. 125TH STREET MIAMI, FL 33168		
2. Principal Place of Business <i>P.O. Box 610490</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.			
City & State <i>North Miami FL</i>		City & State _____		4. FEI Number 81-0620649	
Zip <i>33261</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, MICHAEL M 1040 N.W. 125TH STREET MIAMI, FL 33168			7. Name and Address of New Registered Agent Name <i>Michael M. Hudson</i> Street Address (P.O. Box Number is Not Acceptable) <i>14741 Old Sheridan Rd.</i> City <i>South West Ranches</i> FL Zip Code <i>33330</i>		
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 <i>Michael M. Hudson</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>7/19/06</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, MICHAEL M 1040 N.W. 125TH STREET MIAMI, FL 33168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Michael M. Hudson P.O. Box 610490 North Miami, FL 33261</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600077965546 07/26/06--01005--004 **150.00 <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.					
SIGNATURE: <i>Michael M. Hudson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/19/06 305-807-8870 <small>Daytime Phone #</small>		