

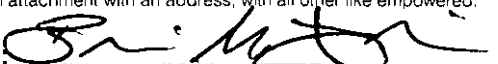


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |   |  |   |  |  |   |  |  |
|---|---|--|---|--|--|---|--|--|
| <b>DOCUMENT # P03000098552</b><br>1. Entity Name<br><b>BRIAN M. FADDIS ROOFING INC.</b>   |   |  |   |   |  | <b>FILED</b><br>05 AUG 25 PM 3:56<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                       |  |  |
| Principal Place of Business<br><b>2910 CIALELLA PASS.<br/>ST CLOUD, FL 34772</b>  |   | Mailing Address<br><b>2910 CIALELLA PASS.<br/>ST CLOUD, FL 34772</b> |   |  |  | <br>08192005 Chg-P CR2E034 (10/03) |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                            |   |  |  |   |  |  |
| City & State  |   | City & State   |   |  |  |   |  |  |
| Zip   |   | Country  |   | Zip  |  | Country   |  |  |
| 4. FEI Number<br><b>20-0176583</b>  |   |  |   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                       |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>FADDIS, BRIAN M<br/>2910 CIALELLA PASS.<br/>ST CLOUD, FL 34772</b>   |   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><div style="text-align: center; font-size: small;">           300059393243<br/>           09/07/05--01027--015 **61.25         </div> City <span style="float: right;"><b>FL</b>   Zip Code</span> |  |   |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |  |   |  |  |   |  |  |
| <b>Amended AR is \$61.25</b>  |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br><b>FADDIS, BRIAN M</b><br><b>2910 CIALELLA PASS.</b><br><b>ST CLOUD, FL 34772</b> | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br><b>BROWN, SCOTT D</b><br><b>20 INDIANA AVE</b><br><b>ST CLOUD, FL 34769</b>       | <input checked="" type="checkbox"/> Delete                           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DS</b><br><b>MOON, JOSHUA</b><br><b>5119 N. KALIGA DR. APT B</b><br><b>ST CLOUD FL 34771</b>    |   |  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br><b>CHAPPELL, NICHOLAS</b><br><b>20 INDIANA</b><br><b>ST CLOUD, FL 34769</b>      | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>DVP</b><br><b>CHAPPELL, NICHOLAS</b><br><b>1019 CONNECTICUT AVE</b><br><b>ST CLOUD FL 34769</b> |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |   |  |   |  |  |   |  |  |
| <b>SIGNATURE:</b>    |   |  |   | <b>PRESIDENT</b>   |  | <b>8/24/05 (321)288-1776</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   | <small>Date</small>  |  | <small>Daytime Phone #</small>  |  |  |