2006 FOR PROFIT CORPORATION

FILED . . ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State DOCUMENT # P04000006169 1. Entity Name BUDDY'S ROOFING & REPAIRS, INC. Principal Place of Business Mailing Address 12933 THONOTOSASSA RD. 12933 THONOTOSASSA RD. DOVER, FL 33527 DOVER, FL 33527 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0687931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHEAVES, BUDDY DO NOT WRITE 12933 THONOTOSASSA RD. **DOVER, FL 33527** 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 UNN000543850 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 05/11/06-80012-007 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHEAVES, BUDDY NAME 12933 THONOTOSASSA RD. STREET ADDRESS CITY-ST-ZIP DOVER, FL 33527 TITLE CHEAVES, CRYSTAL MAME 12933 THONOTASASSA RD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the examptions 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 of the faceliver 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 nt with an address, with all other like empowered,

SIGNATUR

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