2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P04000027335 01-22-2008 90041 021 ***158.75 ABSOLUTE METAL ROOFING, INC. Mailing Address Principal Place of Business 1220 OGDEN ROAD 4218 63RD TERRACE EAST VENICE, FL 34285 SARASOTA, FL 34243 2. Principal Place of Business - No P.O. Box, # Aug. 1972 Whit Field Park Aug. 3. Mailing Address lerrace East 4318 63 Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For FL. xeresota *sarasota* 20-0735357 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Manatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DESJARDINS, DALE E JR. Street Address (P.O. Box Number is Not Acceptable) 1220 OGDEN ROAD VENICE, FL 34285 Zip Code 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. Fam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** Delete THLE ☐ Change Addition NAME DESJARDINS, DALE E JR. NAME STREET ADDRESS 1220 OGDEN ROAD STREET ADDRESS CITY-ST-7/P VENICE, FL 34285 CITY-ST-ZIP Delete TITLE HTLE ☐ Change ■ Addition NAME BANNAN, GARY W NAME 1220 OGDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP TITLE Delete Change ■ Addition yo'der Richard 4218 6375 Terrace East YODER, RICHARD NAME NAME STREET ADDRESS 1220 OGDEN ROAD STREET ADDRESS sarasota FC. 34243 CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP THE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE HITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY -ST - ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED

Jan 22, 2008 8:00 am