


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT #P04000037256 1. Entity Name ABOVE IT ALL ROOFING, INC.	
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Principal Place of Business 4985 W. GULF TO LAKE HIGHWAY LECANTO, FL 34461	Mailing Address 4985 W GULF TO LAKE HWY LECANTO, FL 34461
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07022007 No Chg-P CR2E034 (11/05)

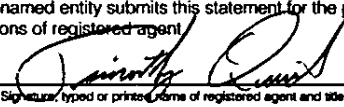
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4. FEI Number 42-1619622	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUICK, TIMOTHY J 4948 W PLEASANT ACRES PL LECANTO, FL 34461
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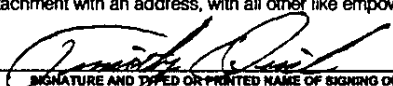
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  8/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS QUICK, TIMOTHY J 4948 W PLEASANT ACRES PL LECANTO, FL 34461
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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:  8-30-07 352 527 6877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>