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Secretary of State

04-26-2005 90203 001 ***300.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000089391

1. Entity Name
ABBOTSLEY ROOFING PRODUCTS USA, INC.

Principal Place of Business	Mailing Address
C/O GRANT KAPLAN 7200 W CAMINO REAL #102 BOCA RATON, FL 33433	C/O GRANT KAPLAN 7200 W CAMINO REAL #102 BOCA RATON, FL 33433

66022318

04092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1560 EWING STREET	1560 EWING ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NOKOMIS, FLORIDA	City & State: NOKOMIS, FL
Zip 34275 Country USA	Zip 34275 Country USA

4. FEI Number 20-2939857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 NW 16TH ST FT LAUDERDALE, FL 33311	Name: MAIN, BRADLEY Street Address (P.O. Box Number is Not Acceptable): 1560 EWING ST. City: NOKOMIS FL Zip Code 34275

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 ______ 04.20.2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PST NAME: MAIN, BRADLEY DAVID STREET ADDRESS: 7200 W CAMINO REAL #102 CITY-ST-ZIP: BOCA RATON, FL 33433	☐ Delete	TITLE: ✓ NAME: ✓ STREET ADDRESS: 1560 EWING STREET CITY-ST-ZIP: NOKOMIS, FL, 34275	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: ______ BRADLEY D. MAIN 04.20.2005 (941) 488 4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #