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Secretary of State

04-20-2007 90202 008 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127988

1. Entity Name
ROBERT FUDGE ROOFING CORP.

Principal Place of Business
3711 NE 55TH COURT
FT. LAUDERDALE, FL 33309

Mailing Address
2631 E. OAKLAND PARK BLVD.
SUITE 109
FT. LAUDERDALE, FL 33306

04142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
6886 SW 15TH STREET
Suite, Apt. #, etc.
POMPANO BEACH, FL
City & State
33068
Zip / Country

3. Mailing Address
6886 SW 15TH STREET
Suite, Apt. #, etc.
POMPANO BEACH, FL
City & State
33068
Zip / Country

4. FEI Number
57-1211661
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROY & SPAMER, PA
2631 E. OAKLAND PARK BLVD.
SUITE 109
FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name ROBERT FUDGE
Street Address (P.O. Box Number is Not Acceptable) 6886 SW 15TH STREET
City POMPANO BEACH FL Zip Code 33068

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]
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PST FUDGE, ROBERT 3711 NE 55TH COURT FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 6886 SW 15TH STREET POMPANO BEACH, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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: [signature] 4/14/07 954-733-5119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #