2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 18, 2008 08:00 AN Secretary of State **DOCUMENT # P04000170983** 1. Entity Name SONNY ROOFING SUPPLY COMPANY, INC. Principal Place of Business Mailing Address 5081 LANTANA RD. 5081 LANTANA RD. LANTANA, FL 33463 LANTANA, FL 33463 02122008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-2098315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BDB AGENT CO. DO NOT WRITE 5355 TOWN CENTER ROAD SUITE 900 IN THIS SPACE BOCA RATON, FL 33486 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 staneture 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 TITLE NAME ZIVICH, JOHN STREET ADDRESS 5081 LANTANA RD. CITY-ST-ZIP LANTANA, FL 33463 TITLE NAME |02/26/08=80098-020-150;;00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP