2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 02, 2007 8:00 am Secretary of State 08-02-2007 90013 036 ***558.75 DOCUMENT # P05000031202 PATRIOT ROOFING INDUSTRIES, INC. ANICTOR Principal Place of Business Mailing Address 2840 46TH AVENUE NORTH 2840 46TH AVENUE NORTH ST PETERSBURG, FL 33714 ST PETERSBURG, FL 33714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1550 S.Missouri Ave 1550 S. MissouriAk Suite, Apt. #, etc. 07252007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For learwate learwater. NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, ÉLIHU H ESQ Street Address (P.O. Box Number is Not Acceptable) 509 S MARTIN LUTHER KING JR AVE CLEARWATER, FL 33756-5607 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 **\$5.00** May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Alamina, Leona 1560 S. Missouri Ave CHAUVIN, LEONA NAME STREET ADDRESS 284046TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33714 Clearwater, F1 33756 CITY-ST-ZIP VP ☐ Delete TITLE Change Change ☐ Addition Alamina Marco 1550 S. Missouri Ave ALAMINA, MARCO NAME NAME STREET ADDRESS 284046TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33714 CITY-ST-7IP <u> Člearweiter</u>, Fl 33756 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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 of trustee empowered of execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report of the corporation or the receiver or trustee or changed, or on an attachment with an ageres

Pres. Leona Alamina

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