

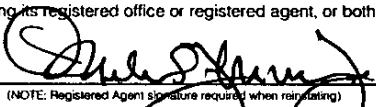
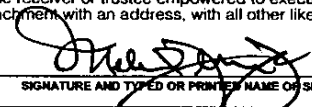


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 013 ***150.00

DOCUMENT # P05000035664 1. Entity Name SKYLINE ROOFING AND SHEET METAL, INC.					
Principal Place of Business 4728 WALDEN CIRCLE 890 Carter Rd SUITE 1314 Ste 140 ORLANDO, FL 32811 US Winter Garden, FL 34787		Mailing Address 4728 WALDEN CIRCLE 890 Carter Rd SUITE 1314 Ste 140 ORLANDO, FL 32811 US Winter Garden, FL 34787			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-2496683 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02012006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent PIERCE, JOHN G 800 NORTH PERNOCREEK AVENUE ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Melvin S Jenner Jr Street Address (P.O. Box Number is Not Acceptable) 298 E. Geneva St City Ocoee FL Zip Code 34761		
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 Melvin S Jenner, Jr  2/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P.T MOORE, JAMES A <input checked="" type="checkbox"/> Delete 4728 WALDEN CIRCLE, SUITE 1314 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.S JENNER, MELVIN S JR. <input type="checkbox"/> Delete 298 E. GENEVA STREET OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			2/1/06 407-905-0553 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		