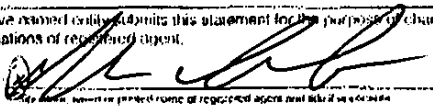
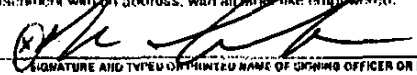


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000067168 1. Entity Name TRITON ROOFING CORP.					
Principal Place of Business 1169 HILLSBORO MILE 809 HILLSBORO BEACH, FL 33062				Mailing Address 1169 HILLSBORO MILE 809 HILLSBORO BEACH, FL 33062	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHECK MATE CREDIT & INFORMATION BUREAU 4411 BEE RIDGE ROAD 257 SARASOTA, FL 34233					
7. Name and Address of New Registered Agent Name: Micsokol Sela Street Address (P.O. Box Number is Not Acceptable): 1169 Hillsboro Mile, #809 City: Hillsboro Beach FL 33062					
8. The above named entity admits 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: 					
(NOTE: Registered Agent Signature is required when changing)					
DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006					
9. Election Campaigns Financing Total Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SELA, MICSOKOL 1169 HILLSBORO MILE, #809 HILLSBORO BEACH, FL 33062				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
600080038366 09/21/06--01050--029 ***150.00					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ 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 recorder or trustee empowered to receive 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 information.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR					
Title					
Lifetime Phone #					

FILED

06 SEP 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09082006 Chg-P CR2E034 (11/05)

4. FFI Number: **20-2804716** Applied For: ☐ Not Applicable: ☐5. Certificate of Status Desired: ☐ \$8.75 Additional Fee RequiredFILE NOW!!! FEE IS \$150.00
Due by September 15, 20069. Election Campaigns Financing
Total Fund Contribution: ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

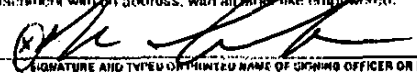
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SELA, MICSOKOL 1169 HILLSBORO MILE, #809 HILLSBORO BEACH, FL 33062
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 600080038366 09/21/06--01050--029 ***150.00
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ 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 recorder or trustee empowered to receive 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 information.

SIGNATURE: 

Title

Lifetime Phone #

29/20