2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000099617

Entity Name: SHINGLE PROTECTION SERVICES OF FLORIDA, INC

Current Principal Place of Business:

1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

2040 ALTA MEADOWS
SUITE 1660
DELRAY BEACH, FL 33444

Current Mailing Address:

1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487

New Mailing Address:

2040 ALTA MEADOWS
SUITE 1660
DELRAY BEACH, FL 33444

FEI Number: 43-2085343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRISSON, DALE J
1115 HIGHLAND BEACH DRIVE
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

BRISSON, CHAD A
2040 ALTA MEADOWS
SUITE 1660
DELRAY BEACH, FL 33444 US

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.

SIGNATURE: CHAD A. BRISSON 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRISSON, DALE J
Address: 1115 HIGHLAND BEACH DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: VP ( ) Delete
Name: BRISSON, CHAD A
Address: 1115 HIGHLAND BEACH DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: SEC (X) Delete
Name: BRISSON, CHRIS A
Address: 1115 HIGHLAND BEACH DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRISSON, CHAD A
Address: 2040 ALTA MEADOWS
City-St-Zip: SUITE 1660, FL 33444 US

Title: VP (X) Change ( ) Addition
Name: BRISSON, DALE J
Address: 2040 ALTA MEADOWS
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAD A BRISSON P 04/27/2006
Electronic Signature of Signing Officer or Director Date