

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102835

FILED  
Feb 10, 2006  
Secretary of State

Entity Name: INNOVATIVE ROOFING SYSTEMS, INC.

## Current Principal Place of Business:

POST OFFICE BOX 21541  
TAMPA, FL 336221541

## New Principal Place of Business:

2548 SUCCESS DRIVE  
ODESSA, FL 33556

## Current Mailing Address:

POST OFFICE BOX 21541  
TAMPA, FL 336221541

## New Mailing Address:

2548 SUCCESS DRIVE  
ODESSA, FL 33556

FEI Number: 20-3193896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDREWS, KEITH  
4221 W. SPRUCE STREET  
SUITE 2129  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

ANDREWS, KEITH  
2548 SUCCESS DRIVE  
ODESSA, FL 33556 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: KEITH ANDREWS

02/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANDREWS, KEITH  
Address: 4221 W. SPRUCE ST., STE. #2129  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: YARMESH, GREG  
Address: 12340 EASTHAVEN DR.  
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete  
Name: INGRAM, COURTNEY  
Address: 4221 W. SPRUCE ST., STE. #2129  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ANDREWS, KEITH  
Address: 2548 SUCCESS DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: S (X) Change ( ) Addition  
Name: YARMESH, GREG  
Address: 2548 SUCCESS DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: T (X) Change ( ) Addition  
Name: INGRAM, COURTNEY  
Address: 2548 SUCCESS DRIVE  
City-St-Zip: ODESSA, FL 33556

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: KEITH ANDREWS

PD

02/10/2006

Electronic Signature of Signing Officer or Director

Date