## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000154812

City-St-Zip:

LAKE MARY, FL 32746

Entity Name: ROOFING 'R' US SYSTEMS INC

FILED Mar 02, 2006 Secretary of State

Littly Nai	ile. ROOFIIN	3 K USSTSTEIVISTING.						
Current Principal Place of Business:				New Principal Place of Business:				
1161 E. ALTAMONTE DRIVE SUITE 1029 ALTAMONTE SPRINGS, FL 32701				2726 SNOW GOOSE LANE LAKE MARY, FL 32746				
Current Mailing Address:				New Mailing Address:				
1161 E. ALTAMONTE DRIVE SUITE 1029 ALTAMONTE SPRINGS, FL 32701				2726 SNOW GOOSE LANE LAKE MARY, FL 32746				
FEI Number:	20-3815663	FEI Number Applied For ( )	FEI Numi	oer Not Appl	icable ( )	Certificate of Status	Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2726 SNO LAKE MAR The above	LEXANDER T W GOOSE LA RY, FL 32746 named entity e of Florida.	NE US submits this statement for th	ne purpose of	changing i	ts registere	ed office or registered a	gent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				Date				
Election Car	npaign Financin	g Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P ( PARRA, ALEXA 2726 SNOW G LAKE MARY, F	OOSE LANE	1	Fitle: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	V ( MACIAS, GUILI 1407 PARROT LONGWOOD, I	WAY,	1	Fitle: Name: Address: City-St-Zip:		(X) Change ( ) Addition SA F N GOOSE LANE Y, FL 32746		
Title: Name: Address:	M (X ORTIZ, LUISA 2726 SNOW G		1	Fitle: Name: Address:		( ) Change ( ) Addition		

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.

City-St-Zip:

SIGNATURE: ALEXANDER PARRA P 03/02/2006