2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# P05000161946

Entity Name: FORD METAL ROOFING, INC.

Current Principal Place of Business:

6045 A1A SOUTH
UNIT C
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

2435 DOBBS ROAD
SUITE K
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

6045 A1A SOUTH
UNIT C
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

2435 DOBBS ROAD
SUITE K
ST. AUGUSTINE, FL 32086 US

FEI Number: 20-3920788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAKE, DONALD T
1212 CREEKWOOD WAY SOUTH
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAUST, JOHANNA C
Address: 1216 N. BURGANDY TRAIL
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: CEO ( ) Delete
Name: MAUST, ROBERT J
Address: 1216 N. BURGANDY TRAIL
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: COO ( ) Delete
Name: SCHAKE, DONALD T
Address: 1212 CREEKWOOD WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP ( ) Delete
Name: SCHAKE, CYNTHIA L
Address: 1212 CREEKWOOD WAY SOUTH
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SEC ( ) Change (X) Addition
Name: FORD, HAROLD T
Address: 29 BERMUDA RUN
City-St-Zip: ST. AUGUSTINE, FL 32080

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: DONALD T SCHAKE COO 10/09/2006

Electronic Signature of Signing Officer or Director — Date