FILED Jun 30, 2008 8:00 am

ANNUAL REPORT	Secretary of State
DOCUMENT # P05000164781 1. Entity Name OCEAN CITY METAL ROOFING SUPPLY, INC.	06-30-2008 90021 038 ***158.75
Principal Place of Business 1300 50UTHWEST 10TH STREET 210 SE & To 21300 50UTHWEST 10TH STREET SUFFE 6 BELRAY BEACH, FL 33444 3345 Mailing Address 210 SE SUFFE 6 DELRAY BEACH, FL 33444	8th Ave #7 40109263 TBay Mon Beach 40109263 FL 33435
DO NOT WRITE IN THIS SPAC	03122008 No Chg-P CR2E034 (11/05)
KNUTH, BRADLEY C 4300 SOUTHWEST 10TH STREET 210 SE 84 AUC#4 SUITE 0 DELRAY BEACH, FL 33444 BOYNTON BEACH, FL 33444 33435	DO NOT WRITE IN THIS SPACE
8. The above named only submits 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS TITLE P NAME KNUTH, BRADLEY C 210 SE STAUE STREET ADDRESS 4300 SOUTHWEST 10TH STREET, SUITE 0 #41 CITY-ST-ZIP DELRAY BEACH, FL 33444 Boyrdon Beach FL33435 TITLE VP NAME SPICHTY, MARK 210 SE STAUE STREET ADDRESS 1300 SOUTHWEST 10TH STREET, SUITE 6 #41 CITY-ST-ZIP DELRAY BEACH, FL 33444 Boyrdon Brach, FL3343	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 received or trustee employed to execute 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 rempowering.	

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: