## 2008 FOR PROFIT CORPORATION

## **FILED** Jan 14, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P06000028095** ROYALTY ROOFING, INC. Principal Place of Business Mailing Address 9625 6TH STREET NORTH 9625 6TH STREET NORTH NAPLES, FL 34108 US NAPLES, FL 34108 US CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4372218 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLUME, CRAIG D DO NOT WRITE 800 HARBOUR DRIVE NAPLES, FL 34103 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U00000782529 01/15/08-80078-013 150.00 PTS TITLE NAME LAGRASTA, IGNAZIO 9625 6TH STREET NORTH STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIT1 F NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 file 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 receiver or trustee empowered 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 empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF