2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064970

FILED Jan 14, 2008 Secretary of State

Entity Name: TOP IT OFF ROOFING INC. **Current Principal Place of Business: New Principal Place of Business:** 3230 LAZY PINE WAY 3569 NE 10TH AVE CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 **Current Mailing Address: New Mailing Address:** 3230 LAZY PINE WAY 3569 NE 10TH AVE CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 FEI Number: 22-3931406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

SHOUP, ERIN SHOUP, ERIN Name: Name: 3230 LAZY PINE WAY 3569 NE 10TH AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 Title: Title: () Delete (X) Change () Addition SHOUP, ERIN Name: Name: SHOUP, ERIN 3230 LAZY PINE WAY 3569 NE 10TH AVE Address: Address:

CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition

ROBINSON, MONICA Name: ROBINSON, MONICA Name: 3230 LAZY PINE WAY 3569 NE 10TH AVE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: ERIN SHOUP PD 01/14/2008