

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099080

FILED
Apr 27, 2007
Secretary of State

Entity Name: IDEAL ROOFING & RENOVATIONS, INC.

Current Principal Place of Business:

19629 BISCAYNE BAY DR
BOCA RATON, FL 33498

New Principal Place of Business:

2771 RIVERSIDE DRIVE
107
CORAL SPRINGS, FL 33065

Current Mailing Address:

19629 BISCAYNE BAY DR
BOCA RATON, FL 33498

New Mailing Address:

2771 RIVERSIDE DR
107
CORAL SPRINGS, FL 33065

FEI Number: 20-5256724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, DAVID
19629 BISCAYNE BAY DR
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

HINES, DAVID
2771 RIVERSIDE DRIVE
107
CORAL SPRINGS, FL 33065 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: DAVID HINES

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: HINES, DAVID
Address: 19629 BISCAYNE BAY DR
City-St-Zip: BOCA RATON, FL 33498

Title: VT () Delete
Name: HINES, JOYCE
Address: 974 PAPAYA LN
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: HINES, DAVID
Address: 2771 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VT (X) Change () Addition
Name: HINES, JOYCE
Address: 1132 NORMANDY DRIVE
City-St-Zip: KISSIMMEE, FL 34759

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: DAVID HINES

PS

04/27/2007

Electronic Signature of Signing Officer or Director

Date