
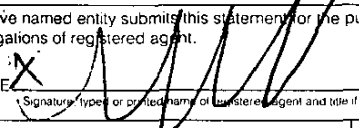
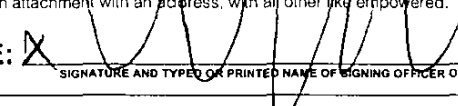


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90042 008 \*\*\*150.00

<b>DOCUMENT # P06000117446</b> 1. Entity Name <b>FOREVER CLAY ROOFTILE INC.</b>			
Principal Place of Business <b>723 CHAPEL HILL BLVD</b> <b>BOYNTON BEACH, FL 33435 US</b>		Mailing Address <b>723 CHAPEL HILL BLVD</b> <b>BOYNTON BEACH, FL 33435 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1900 SHARON ST.</b>		3. Mailing Address <b>1900 SHARON ST.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33486</b>		Zip <b>33486</b>	
Country <b>US</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent  <b>VIETTI, MIRCO</b> <b>723 CHAPEL HILL BLVD</b> <b>BOYNTON BEACH, FL 33435</b>		7. Name and Address of New Registered Agent Name <b>MIRCO VIETTI.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 SHARON ST.</b> City & State <b>BOCA RATON FL</b>	
Zip Code <b>33486</b>		Zip Code <b>33486</b>	
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:  <b>01/16/08.</b> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES VIETTI, MIRCO 723 CHAPEL HILL BLVD BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MIRCO VIETTI 1900 SHARON ST. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		<b>01/16/08</b> <small>Date Daytime Phone #</small>	