

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 05, 2008  
Secretary of State**

DOCUMENT# P07000007226

Entity Name: ADAMZ' ROOFING, INC.

**Current Principal Place of Business:**

22180 VOLTAIR AVENUE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

22180 VOLTAIR AVENUE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 20-8262186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROUTES, MARK D  
22180 VOLTAIR AVENUE  
PORT CHARLOTTE, FL 33954      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: ROUTES, MARK D  
Address: 22180 VOLTAIR AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP      ( ) Delete  
Name: RUIZ, OSCAR  
Address: 1053 HARBOR BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: ROUTES, TERRENCE  
Address: 22180 VOLTAIR AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

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: MARK ROUTES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

08/05/2008

\_\_\_\_\_  
Date