


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000027342

1. Entity Name
ANTHONY B. WILSON ROOFING, INC.



Principal Place of Business Mailing Address

7450 CHAPMAN FIELD DRIVE 7450 CHAPMAN FIELD DRIVE
 MIAMI, FL 33156 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0428770 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GUFFANTI, ALBERT W P.A
7450 CHAPMAN FIELD DRIVE
MIAMI, FL 33156

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5. 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 re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000003482902
 04/11/06-80092-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WILSON, ANN M.
STREET ADDRESS	7450 CHAPMAN FIELD DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	WILSON, ANTHONY B
STREET ADDRESS	7450 CHAPMAN FIELD DR.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Anthony B. Wilson* 3/23/06 305-251-9123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #