2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P93000066817 1. Entity Name CRYSTAL ROOFING, INC. Principal Place of Business Mailing Address 7330 N.W. 43RD AVE. 7330 N.W. 43RD AVE. POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0439644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANCETT, GEORGE S DO NOT WRITE 7330 N.W. 43RD AVE. POMPANO BEACH, FL 33073 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D BLANCETT, GEORGE S NAME 7330 NW 43RD AVE STREET ADDRESS U00000312062 04/18/05-80068-016 150.00 POMPANO BCH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 chapter 607, an attachment with an address, with all other like empowered.

SIGNATURE: 🔯

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY: ST. 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Davilme Phone #

FILED