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Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90034 008 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000071430

1. Entity Name
AABCO ROOFING, INC.

Principal Place of Business	Mailing Address
1303 SW 1 WAY DEERFIELD BEACH, FL 33441 US	1303 SW 1 WAY DEERFIELD BEACH, FL 33441 US

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
271 NW 1 Street	271 NW 1 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach Fla	City & State: Deerfield Beach Fla
Zip: 33441 Country: Broward	Zip: 33441 Country: Broward

4. FEI Number 65-0441989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SLATKIN, SHELDON T
9900 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: PAUL KUPFER
Street Address (P.O. Box Number is Not Acceptable): 1706 University Drive
City: Coral Springs FL Zip Code: 33071

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] DATE: 1/17/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FAMULARO, RAYMOND		NAME		
STREET ADDRESS	1303 S.W. 1 WAY		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 1/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #