

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018339

FILED
Apr 18, 2006
Secretary of State

Entity Name: UNIROOF INTERNATIONAL INC.

Current Principal Place of Business:

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3227630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KONSTAN, DAVID
801 W. S.R. 436
SUITE 2039
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JABER, KAMAL T
Address: 801 W HWY 436 SUITE 2039
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PS () Delete
Name: DAVID KONSTAN,
Address: 801 W. HWY 436 SUITE 2039
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID KONSTAN

P/S

04/18/2006

Electronic Signature of Signing Officer or Director

Date