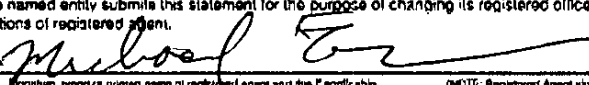


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095912				FILED	
1. Entity Name ATS ROOFING, INC.				07 MAY 31 AM 10:10	
Principal Place of Business: 19681 BLACK OLIVE LANE BOCA RATON, FL 33498		Mailing Address: 19681 BLACK OLIVE LANE BOCA RATON, FL 33498		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0628625	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TORTI, MICHAEL 19681 BLACK OLIVE LANE BOCA RATON, FL 33498				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 5/24/2007 Signature, typed or printed name of registered agent and the Fee Applicant. (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	TORTI, MICHAEL		NAME		
STREET ADDRESS	19681 BLACK OLIVE LANE		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON, FL 33498		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		
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		
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:  DATE: 5/24/2007 561482-3709 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					