


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90080 007 ***150.00

DOCUMENT # P96000019667
 1. Entity Name
 TRADE WINDS ROOFING, INC.



Principal Place of Business
 2714 SOUTH 27TH STREET
 FORT PIERCE, FL 34981

Mailing Address
 2714 SOUTH 27TH STREET
 FORT PIERCE, FL 34981

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 13208
 Suite, Apt. #, etc.

City & State
 Fort Pierce, FL

Zip
 34979

Country
 US



01302006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-0645960

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MILLER, MICHAEL
 2714 SOUTH 27TH STREET
 FORT PIERCE, FL 34981

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL 2714 S 27 ST FT PIERCE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Miller 1/30/06 772-466-9420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #