2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# P96000086487

Entity Name: TOTAL QUALITY ROOFING, INC.

Current Principal Place of Business:

5008 VELDA DAIRY ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

5008 VELDA DAIRY ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3406730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWARTZ, KEVIN R
5008 VELDA DAIRY ROAD
TALLAHASSEE, FL 32309 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: PD ( ) Delete
Name: SWARTZ, KEVIN
Address: 5008 VELDA DAIRY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP ( ) Delete
Name: ERIKA, SWARTZ M
Address: 5008 VELDA DAIRY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: RIVAS, DAVID M
Address: 3299 CONNIE DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VP ( ) Change (X) Addition
Name: KRICK, KEVIN V
Address: 1607 GREEN STREET
City-St-Zip: TALLAHASSEE, FL 32303 US

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: ERIKA M. SWARTZ VP 02/24/2006

Electronic Signature of Signing Officer or Director — Date