## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P96000103965

Entity Name: PARADISE ROOFING, INC.

FILED May 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

264-WARFIELD AVE S # 4 264-WARFIELD AVE S. # 4 VENICE, FL 34285

VENICE, FL 34285

**Current Mailing Address: New Mailing Address:** 

264-WARFIELD AVE S # 4 264-WARFIELD AVE S. #4

VENICE, FL 34285 VENICE, FL 34285

FEI Number: 65-0723092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

COLLIS, GRANT COLLIS, GRANT

264-WARFIELD AVE S # 4 7622 HÉYWARD CIRCLE BRADENTON, FL 34201 US VENICE, FL 34285

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: GRANT COLLIS 05/10/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

COLLIS, GRANT COLLIS, GRANT VP,S,T Name: Name: 264-WARFIELD AVE S # 4 264 WARFIELD AVE S. #4 Address: Address: City-St-Zip: VENICE, FL 34285 US City-St-Zip: VENICE, FL 34285

(X) Delete Title: VΡ Title: () Change () Addition

Name: ACKERLAND, BRYAN Name: 264-WARFIELD AVE S # 4 Address: Address: VENICE, FL 34285 US City-St-Zip: City-St-Zip:

Title: SEC Title: (X) Delete () Change () Addition

COLLIS, TRACY SEC Name: Name: 264-WARFIELD AVE S # 4 Address: Address: City-St-Zip: VENICE, FL 34285 US 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: GRANT COLLIS PD 05/10/2006