2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P97000055903

Entity Name: ROOF TILE DELIVERY, INC.

Current Principal Place of Business:

819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0769976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZUMMO, ROSEMARIE
819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 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: ST ( ) Delete
Name: BOONE, SHAWN
Address: 819 SOUTH FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete
Name: JOHNSON, SCOTT
Address: 819 S. FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

Title: D (X) Delete
Name: BOMPENSA, ORLANDO
Address: 819 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994

Title: P (X) Delete
Name: HAMPL, MATT
Address: 819 S. FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: JOHNSON, SCOTT
Address: 819 SOUTH FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

Title: DP (X) Change ( ) Addition
Name: CEDENO, OMAR
Address: 819 S. FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

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: OMAR CEDENO PD 04/23/2007

Electronic Signature of Signing Officer or Director — Date