

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055919

FILED
Mar 27, 2006
Secretary of State

Entity Name: ROOF TILE ADMINISTRATION, 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: 65-0762557 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: DP () Delete
Name: BYGATE, WAYNE
Address: 819 SOUTH FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BURTON, CATRINA
Address: 819 SOUTH FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

Title: D () Change (X) Addition
Name: DALLAS, CRAIG
Address: 819 S FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994 US

Title: ST () Change (X) Addition
Name: STACY, AIXA
Address: 819 S FEDERAL HIGHWAY, SUITE 300
City-St-Zip: STUART, FL 34994 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: CATRINA BURTON

DP

03/27/2006

Electronic Signature of Signing Officer or Director

_____ Date