

APPROVED  
AND  
FILED

06 JUL 20 PM 12:33


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PSB*

### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000018098**

1. Entity Name  
SHILOH ROOFING CO., INC. OF SOUTH FLORIDA



Principal Place of Business      Mailing Address  
 1040 N.W. 125TH STREET      1040 N.W. 125TH STREET  
 MIAMI, FL 33168      MIAMI, FL 33168

2. Principal Place of Business      3. Mailing Address  
 P.O. Box 610490      Same.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



07192006    Chg-P    CR2E034 (11/05)

City & State      City & State  
 North Miami, FL        
 Zip      Country      Zip      Country  
 33261      USA

4. FEI Number      Applied For  
 65-0836162      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HUDSON, MICHAEL M  
 1040 N.W. 125TH STREET  
 MIAMI, FL 33168

7. Name and Address of New Registered Agent  
 Name      Michael M. Hudson  
 Street Address (P.O. Box Number is Not Acceptable)  
 14741 Old Sheridan Rd.  
 City      Southwest Ranches      FL      Zip Code      33330

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: *Michael M. Hudson*      DATE: 7/19/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSA HUDSON, MICHAEL M 1040 NW 125TH ST MIAMI, FL 33168	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSA Michael M. Hudson P.O. Box 610490 North Miami, FL 33261	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400077970754 07/26/06--01005--012      **150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 M. Hudson*      DATE: 7/19/06      305-807-8870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #