

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028536

Entity Name: TROPICAL ROOFSCAPES, INC.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

18522 48TH AVE N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

1500 SW 30TH AVENUE
SUITE 14
BOYNTON BEACH, FL 33426

Current Mailing Address:

18522 48TH AVE N
LOXAHATCHEE, FL 33470

New Mailing Address:

1500 SW 30TH AVENUE
SUITE 14
BOYNTON BEACH, FL 33426

FEI Number: 65-0821339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOOK, JAMEY W
18522 48TH AVENUE NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

SHOOK, JAMEY W
1500 SW 30TH AVENUE
SUITE 14
BOYNTON BEACH, FL 33426 US

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:

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SHOOK, JAMEY W
Address: 18522 48TH AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SHOOK, JAMEY W
Address: 1500 SW 30TH AVENUE, SUITE 14
City-St-Zip: BOYNTON BEACH, FL 33426

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: JAMEY SHOOK

DPT

02/28/2007

Electronic Signature of Signing Officer or Director

Date