


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000018428</b> 1. Entity Name ROOF TILE SPECIALISTS, INC. - WEST PALM	
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Principal Place of Business 50 KINDRED STREET SUITE 107 STUART, FL 34994	Mailing Address 88 KEARNY STREET, SUITE 1818 SAN FRANCISCO, CA 94108
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01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0898382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
ELLIOTT, JAMES  
50 KINDRED STREET  
SUITE 107  
STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PETERSEN, JAMES 50 KINDRED STREET, SUITE 107 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAN BEEK, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA VAN BEEK, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DAVID 50 KINDRED STREET, SUITE 107 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

415/393-4566

Daytime Phone #