2008 FOR PROFIT CORPORATION.

FILED ANNUAL REPORT Jan 10, 2008 08:00 AM DOCUMENT # P99000052142 **Secretary of State** HEATON ROOFING, INC. Principal Place of Business Mailing Address P. O. BOX 1143 3371 SW 42ND AVE UNIT C PALM CITY, FL 34991 PALM CITY, FL 33490 01022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0962050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEATON, DANIEL E DO NOT WRITE 4036 SW HONEY TERR. PALM CITY, FL 33490 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be [... After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HEATON, DANIEL NAME U000000777682 STREET ADDRESS 4036 SW HONEY TERR. 01/10/08-80017-022 150.00 CITY-ST-ZIP PALM CITY, FL 33490 TITLE HEATON, LINDA S NAME 4036 SW HONEY TERR. STHEET ADDRESS CITY-ST-ZIP PALM CITY, FL 33490 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 girector 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 of the corporation or the receiver or trustee changed, or on an attachment with an additional control of the corporation of the receiver or trustee.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS