2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S79069

FILED Apr 15, 2009 Secretary of State

Entity Name: FLORIDA UNIVERSAL ROOFING INC.

Littly Name: FLOR			
Current Principal Pl	ace of Business:	New Principal Place	of Business:
1808 ACME ST ORLANDO, FL 32809	5 US		
Current Mailing Add	ress:	New Mailing Address	: :
1808 ACME ST ORLANDO, FL 32809	5 US		
FEI Number: 65-0283836	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
TOUZA, WILLIAM PF			
6203 SAINT IVES BO ORLANDO, FL 32819 The above named ent in the State of Florida.	OUS ity submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
ORLANDO, FL 32819 The above named ent	OUS ity submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
ORLANDO, FL 32819 The above named ent in the State of Florida.	OUS ity submits this statement for the p		d office or registered agent, or both, Date
ORLANDO, FL 32819 The above named entine the State of Florida. SIGNATURE: Elect	9 US ity submits this statement for the p		
ORLANDO, FL 32819 The above named entine the State of Florida. SIGNATURE: Elect	ity submits this statement for the particular tronic Signature of Registered Age cing Trust Fund Contribution ().	ent	
ORLANDO, FL 32819 The above named ent in the State of Florida. SIGNATURE: Election Campaign Finant OFFICERS AND DIR Title: DPT Name: TOUZA, WI Address: 6203 SAINT	ity submits this statement for the particular tronic Signature of Registered Age cing Trust Fund Contribution ().	ent	Date

I hereby certify that the information supplied with this filing does not qualify 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: JULIE S. TOUZA VP 04/15/2009