


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90069 009 ****55.00

DOCUMENT # L03000050589	
1. Entity Name DAVY'S PLUMBING LLC	

Principal Place of Business 5438 HOFFNER AVENUE ORLANDO FL 32812	Mailing Address 5438 HOFFNER AVENUE ORLANDO FL 32812
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2. Principal Place of Business 8405 Trevarthon Rd Suite, Apt. #, etc.	3. Mailing Address 8405 Trevarthon Rd Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State ORLANDO FLA.	City & State ORLANDO, FLA.	4. FEI Number 42-1616794	Applied For <input type="checkbox"/> Not Applicable
Zip 32817	Country USA	Zip 32817	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

VICKERS, DAVID A
~~5438 HOFFNER AVENUE
 ORLANDO FL 32812~~

7. Name and Address of New Registered Agent

Name: DAVID A. VICKERS
 Street Address (P.O. Box Number is Not Acceptable): 8405 TREVARTHON RD
 City: ORLANDO FL Zip Code: 32817

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: *David A. Vickers* DAVID A. VICKERS 4 10 '06

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICKERS, SAMUEL A 5438 HOFFNER AVE ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President VICKERS, DAVID A. 8405 TREVARTHON RD ORLANDO, FLA, 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. VICKERS, SAMUEL A. 8405 TREVARTHON RD ORLANDO, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *David A. Vickers* DAVID A. VICKERS 4.10.06 407-721-4272 407-277-0253