2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P02000102447

Entity Name: GOLDEN PLUMBING, INC.

Current Principal Place of Business:

2071 SAGEBRUSH CIRCLE
NAPLES, FL 34120

New Principal Place of Business:

2071 SAGEBRUSH CIRCLE
NAPLES, FL 34120 US

Current Mailing Address:

2071 SAGEBRUSH CIRCLE
NAPLES, FL 34120

New Mailing Address:

2071 SAGEBRUSH CIRCLE
NAPLES, FL 34120 US

FEI Number: 01-0745377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKETT, TIMOTHY F OWNER
251 LOON LANE
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

BURKETT, TIMOTHY F OWNER
2071 SAGEBRUSH CIRCLE
NAPLES, FL 34120 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: 05/01/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURKETT, TIMOTHY
Address: 251 LOON LANE
City-St-Zip: NAPLES, FL 34114

Title: STD ( ) Delete
Name: BURKETT, RAMONA
Address: 251 LOON LANE
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BURKETT, TIMOTHY
Address: 2071 SAGEBRUSH CIRCLE
City-St-Zip: NAPLES, FL 34120 US

Title: STD (X) Change ( ) Addition
Name: BURKETT, RAMONA
Address: 2071 SAGEBRUSH CIRCLE
City-St-Zip: NAPLES, FL 34120 US

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: TIMOTHY BURKETT PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date