

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90013 046 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                           |                                                                                                                       |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000027202</b><br>1. Entity Name<br><b>PLUMBING MASTER SYSTEMS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                           |                                                                                                                       |                                                     |  |
| Principal Place of Business<br><b>1840 NW 32 ST.<br/>OAKLAND PARK, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                           | Mailing Address<br><b>1840 NW 32 ST.<br/>OAKLAND PARK, FL 33309</b>                                                   |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                                                                       |                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | City & State                              |                                                                                                                       | 4. FEI Number<br><b>20-4313231</b>                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Country                                   |                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CARROW, CAMERON P.<br/>1840 NW 32 ST.<br/>OAKLAND PARK, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                           |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                                           |                                                                                                                       |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b> |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>CARROW, CAMERON P.<br/>1840 NW 32 ST.<br/>OAKLAND PARK, FL 33309</b>   |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>CARROW, PERRY W.<br/>15840 SW 12 ST.<br/>PEMBROKE PINES, FL 33027</b>  |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>LITTLE, JESSE H.<br/>2867 S. OASIS DR.<br/>BOYNTON BEACH, FL 33426</b> |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>CONEY, PHILIP<br/>10505 NW 6 ST.<br/>PEMBROKE PINES, FL 33026</b>      |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| 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. |                                                                                                                |                                           |                                                                                                                       |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <u>emero</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                           | <b>4/1/07 (954) 593-1045</b><br><small>Date Daytime Phone #</small>                                                   |                                                                                                                                      |  |