## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000027202

10505 NW 6 ST.

PEMBROKE PINES, FL 33026

Address:

City-St-Zip:

Entity Name: PLUMBING MASTER SYSTEMS, INC.

FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	21 STREET RK, FL 33023			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	21 STREET RK, FL 33023			
FEI Number	: 20-4313231 FEI Number Applied For	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	I Address of Current Registered Ag	ent: Name and Address o	f New Registered Agent:	
5897 SW : WEST PA	, CAMERON P. 21 STREET RK, FL 33023 US	or the purpose of changing its registered	d office or registered agent, or both	
	e of Florida.	or the purpose of changing its registered	d office of registered agent, or both,	
SIGNATU				
	Electronic Signature of Register	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	( ).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete CARROW, CAMERON P. 8842 NW 56 STREET CORAL SPRINGS, FL 33067	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete CARROW, PERRY W. 15840 SW 12 ST. PEMBROKE PINES, FL 33027	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete LITTLE, JESSE H. 2867 S. OASIS DR. BOYNTON BEACH, FL 33426	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ( ) Delete CONEY. PHILIP	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CAMERON CARROW PRES 04/15/2009