

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064538

FILED
Feb 15, 2006
Secretary of State

Entity Name: A-PLUS WATERPROOFING, INC.

Current Principal Place of Business:

2123 FLAGLER AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

5684 MALONEY AVENUE
KEY WEST, FL 33040

Current Mailing Address:

1107 KEY PLAZA
P.M.B. 317
KEY WEST, FL 330404077 US

New Mailing Address:

FEI Number: 65-0437440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARRELLY, GREGORY G
C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STVD () Delete
Name: SCARDINA, VINCENT A
Address: 2123 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: PDVD () Delete
Name: THOMPSON, RICK E
Address: 1703 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCENT A SCARDINA

V

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date