2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30305

Entity Name: COUNTER SINK & TUB REPAIR, INC.

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

313 PHEASANT RUN 1384 CASTLE PINES CIRCLE PONTE VERDA BCH, FL 32082 US ST. AUGUSTINE, FL 32092 US

Current Mailing Address: New Mailing Address:

P.O. BOX 818 P.O. BOX 818

PONTE VERDA BCH, FL 32004 US PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-3116118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHECTMAN, RICHARD SCHECTMAN, RICHARD 1384 CASTLE PINES CIRCLE 313 PHEASANT RUN PONTE VEDRA BEACH, FL 32082 ST. AUGUSTINE, FL 32092 US 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: 02/18/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete SCHECTMAN, HELENE SCHECTMAN, HELENE Name: Name: 313 PHEASANT RUN 1384 CASTLE PINES CIRCLE Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ST. AUGUSTINE, FL 32092

Title: Title: (X) Change () Addition () Delete

Name: SCHECTMAN, RICHARD Name: SCHECTMAN, RICHARD 313 PHEASANT RUN Address: 1384 CASTLE PINES CIRCLE Address: PONTE VEDRA BEACH, FL 32082 ST. AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip:

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: RICHARD SCHECTMAN **PRES** 02/18/2008