2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 28, 2008 8:00 am Secretary of State **DOCUMENT # 445883** 05-28-2008 90009 018 ***158.75 PIPE RITE UTILITIES, LTD., INC. 40100*** Principal Place of Business Mailing Address 530185 POST OFFICE BOX 53185 1481 KINETIC ROAD LAKE PARK, FL 33403 LAKE PARK, FL 33403 04292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1520245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EAKINS, DOUGLAS S DO NOT WRITE 1481 KINETIC ROAD LAKE PARK, FL 33403 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE EAKINS, DOUGLAS S NAME STREET ADORESS 1481 KINETIC ROAD LAKE PARK, FL 33403 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 at

PED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

FILED

Daytime Phone #