## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 23, 2007 08:00 AM Secretary of State **DOCUMENT # 570417** BROWARD GAS SERVICE, INC. Principal Place of Business Mailing Address PO BOX 667636 3301 NW 22ND TERRACE BUILDING POMPANO BEACH, FL 33066-7636 **SUITE 100F-400F** POMPANO BEACH, FL 33069 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1822238 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, ROLANDO DO NOT WRITE 7425 SW 127 COURT MIAMI, FL 33183 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE DYE, ROBERT B NAME STREET ADDRESS 5130 EXECUTIVE BLVD FORT WAYNE, IN 46808 CITY-ST-ZIP TITLE NAME STREET ADDRESS

Applied For

Not Applicable

DO NOT WRI

12. Thereby 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 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 old ress, with all other like empowered.

SIGNATURE:

CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**26**0 - 482 - 1444