2098 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2008 08:00 Al **DOCUMENT #647404 Secretary of State** 1. Entity Name BOBBY'S PLUMBING, INC. Principal Place of Business Mailing Address 2340 12TH AVE 2340 12TH AVE VERO BEACH, FL 32960 VERO BEACH, FL 32960 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1962968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARP, BOBBY G. DO NOT WRITE 2340 12TH AVENUE VERO BEACH, FL 32960 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. Sconsture, typed or printed name of registered egent and title if applicable. (NOTF: Registered Agent signature required when reinstisting) DATE \$5.00 May Be 9. Election Campaign Financing. . FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000804326 · · · Trust Fund Contribution. Added to Fees 02/05/08-80064-018 150:00 OFFICERS AND DIRECTORS 10. PST TITLE HARP, BOBBY G. NAME STREET ADDRESS 2340 12TH AVENUE CITY-ST-ZIP VERO BCH., FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CiTY-ST-7iP

12. If 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 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 address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS City-ST-ZiP