


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F05000006244</b> 1. Entity Name <b>BACKFLOW &amp; PLUMBING SOLUTIONS, INC.</b>	
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Principal Place of Business <b>740 SENTRY RIDGE CROSSING SUWANEE, GA 30024</b>	Mailing Address <b>740 SENTRY RIDGE CROSSING SUWANEE, GA 30024</b>
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**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0641887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VIDA, KINDRA 350 ALGIERS AVENUE SE PALM BAY, FL 32909</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Kindra Vida KINDRA VIDA 4/3/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PROVOST, HENRY F 740 SENTRY RIDGE CROSSING SUWANEE, GA 30024</b>	
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04/18/08-80049-020 158.75

12. I hereby certify that the information supplied with this filing 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: Henry Provost HENRY PROVOST 4/4/08 770 652-3802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #