2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 16, 2007 08:00 AM DOCUMENT # J04648 **Secretary of State** 1. Entity Name SCOTTY'S PIPER PLUMBING CO., INC. Principal Place of Business Mailing Address 2951 SW 14TH PLACE 2951 SW 14TH PLACE BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 CR2E034 (11/05) 07102007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **BRENNAN, GEORGE** DO NOT WRITE 200 SCOTIA DR #202 HYPOLUXO, FL 33462 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS THLE **PSTD** NAME BRENNAN, GEORGE 2951 SW 14TH PLACE STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33426 U00000768882 TITLE BRENNAN, MARIA H 07/16/07-80005-007 150.00 NAME STREET ADDRESS 2951 SW 14TH PLACE CITY-ST-ZIP BOYNTON BEACH, FL 33426 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

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

Maria & Brannan

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

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FILED