



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # J11019		
1. Entity Name MICHAEL WALL PLUMBING SERVICES, INC.		
Principal Place of Business 3030 S.W. 22ND ST. FT. LAUDERDALE, FL 33312		Mailing Address 3030 S.W. 22ND ST. FT. LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
		
03242006 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-2687078		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WALL, MICHAEL D. 3030 SW 22 STREET FORT LAUDERDALE, FL 33312		DO NOT WRITE 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: <u><i>Michael D. Wall</i></u> MICHAEL D. WALL <u>President 3/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	WALL, MICHAEL	
STREET ADDRESS	3030 S.W. 22ND ST.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
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 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: <u><i>Michael D. Wall</i></u> MICHAEL D. WALL <u>3/26/06</u> <u>954-791-1397</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #</small>		