2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 01, 2006 08:00 Al DOCUMENT #J19271 **Secretary of State** PORT ST. LUCIE PLUMBING, INC. Principal Place of Business Mailing Address 900 ELYSE CR. 900 ELYSE CR. PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 01262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2696727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZANELLO, GARY DO NOT WRITE 900 ELYSE CIRCLE PORT SAINT LUCIE, FL 34952 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_ Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent argusture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAME ZANELLO, GARY 900 ELYSE CR STREET ADDRESS PORT ST.LUCIE, FL CITY-ST-ZIP 1/00000452078 03/11/06-80012-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 endowered.

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTY-ST-ZP TILE NAME. STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NG OFFICER OR DIRECTOR

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