
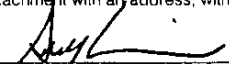


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90055 005 ***150.00

DOCUMENT # J67055 1. Entity Name J. D. WATERPROOFING, INC.					
Principal Place of Business 819 SE 8TH AVE DEERFIELD BEACH, FL 33441			Mailing Address 819 SE 8TH AVE DEERFIELD BEACH, FL 33441		
2. Principal Place of Business - No P.O. Box # 1280 S. Powerline Rd		3. Mailing Address 1280 S. Powerline Rd			
Suite, Apt. #, etc. 21		Suite, Apt. #, etc. #21		01222007 Chg-P CR2E034 (12/06)	
City & State Pompano Bch, FL		City & State Pompano Bch, FL		4. FEI Number 59-2812302	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBRINO, JAMES J 1109 S.E. 12TH ST. DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name Gregory Robinson Street Address (P.O. Box Number is Not Acceptable) 1280 S. Powerline Rd #21 City Pompano Bch FL 33069	
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:  DATE: 1-22-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEBRINO, JAMES J 1109 S.E. 12TH ST. DEERFIELD BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBINSON, GREGORY 22751 PICKEREL CIRCLE BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHEN, STANLEY 2857 NW 97 AVE POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: 		GREG ROBINSON		1-22-07 954-410-5554	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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