2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# K39069

Entity Name: MIKE SCOTT PLUMBING, INC.

Current Principal Place of Business:

10988 SW 94 CT.
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

10988 SW 94 CT.
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 59-2912358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCOTT, PATRICIA
10988 S.W. 94TH COURT
OCALA, FL 32676 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCOTT, MICHAEL
Address: 14200 W SEASIDE CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: STD ( ) Delete
Name: SCOTT, PATRICIA
Address: 14200 W SEASIDE CT.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete
Name: SCOTT, SHAWN
Address: 3590 N WAGON PT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP ( ) Delete
Name: DOLLAR, TRACY
Address: 2939 N EDWARDS ISL PT
City-St-Zip: HERNANDO, FL 34442

Title: VP ( ) Delete
Name: SCOTT, JASON
Address: 1806 SW 28 AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HINDE, TRACY
Address: 2939 N EDWARDS ISL PT
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCOTT STD 01/16/2006

Electronic Signature of Signing Officer or Director — Date