2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 Al Secretary of State DOCUMENT # L38234 1. Entity Name COLVENBACK PLUMBING, INC. Principal Place of Business Mailing Address 3460 SW 27 AVE 3460 SW 27 AVE NAPLES, FL 34117 US NAPLES, FL 34117 US CR2E034 (11/05) 04072006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0169020 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PFEUFFER, WILLIAM A. DO NOT WRITE 1124 GOODLETTE RD NAPLES, FL 33940 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 signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COLVENBACK, LARRY NAME 3460 27TH AVE SW STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 TITLE NAME #######513240 04/29/06-80120-020 150.00 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ACCRESS COYY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06 239-455-698