


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90066 047 ***150.00

DOCUMENT # L61910 1. Entity Name ABSOLUTE WATERPROOFING & PAINTING SYSTEMS OF DADE, BROWARD, AND PALM BEACH COUNTIES, INC.					
Principal Place of Business 4930 SW 61 AVE DAVIE FL 33314		Mailing Address 4930 SW 61 AVE DAVIE FL 33314			
2. Principal Place of Business 5351 SW 21 Court Suite, Apt. #, etc.		3. Mailing Address 5351 SW 21 Court Suite, Apt. #, etc.			
City & State Plantation Florida		City & State plantation Florida		4. FEI Number 65-0188338	
Zip 33317		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYETTE, DONALD A 4930 SE 61 AVE FORT LAUDERDALE FL 33314				7. Name and Address of New Registered Agent Name Donald A Boyette Street Address (P.O. Box Number is Not Acceptable) 5351 SW 21 Court plantation FLA 33317 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 P NAME BOYETTE, DON STREET ADDRESS 4930 SW 61 AVE CITY-ST-ZIP DAVIE FL 33314	<input type="checkbox"/> Delete		TITLE P NAME Boyette Don STREET ADDRESS 5351 SW 21 Court CITY-ST-ZIP plantation FLA 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BOYETTE, MARTHA STREET ADDRESS 4930 SW 61 AVE CITY-ST-ZIP DAVIE FL 33314	<input type="checkbox"/> Delete		TITLE T NAME Boyette Martha STREET ADDRESS 5351 SW 21 Court CITY-ST-ZIP plantation FLA 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Martha Boyette</u> 2-6-06 84-581-2401 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					