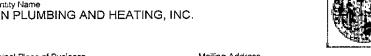
2005 FOR PROPIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

1 Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

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SUN PLUMBING AND HEATING, INC.						
Principal Place of Business 11231 US Hary 2015 RIVERVIEW FL 33569 US	Mailing Address 11331 US HWY 3015 RIVERVIEW, FL 33569 US	A. MALLY SERVICES, MALLY SERVICES, PARKET SPALE PRINCIPLE				
6. Name and Address of Current Reg POWELL, JEFF 11331 IS HWY 301S RIVERVIEW, FL 33569	Cheile Si 196 Light i Shek Marti Sidok Petar ibu baka dikabela 196 Garecandan 2	diedigebeitel begites, t 1,3700. Bereitel Britani der entre affert	04182005 4. FEI Numbe 59-3024 5. Certificate of		CR2E034 (10 \$8.7) Fee Ro	
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tit FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		J Agent signature required	-	n, in the State of Fior	rida. I am familiar	with, and accept
10. OFFICERS AND DIRI TITLE NAME POWELL, JEFF 11331 US HWY 301S RIVERVIEW, FL D NAME POWELL, KAREN 11331 US HWY 301S RIVERVIEW, FL TITLE RIMME POWELL, KAREN 11331 US HWY 301S RIVERVIEW, FL	ECTORS		l	04/27/05-E	336203 30109-021	150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP HITLE NAME STREET ADDRESS CITY - ST - ZIP				NOT W		
ITILE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Davtime Provid €

Date