2006 FOR PROFIT CORPORATION

May 22, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M19033** 05-22-2006 90049 011 ***150.00 T & P PLASTERING, INC. Principal Place of Business Mailing Address 250 LOCK RD 250 LOCK RD DEERFIELD BCH, FL 33442 DEERFIELD BCH, FL 33442 HS No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2568569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PISER, TIMOTHY H. DO NOT WRITE 250 LOCK RD DEERFIELD BCH, FL 33442 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE PISER, TIMOTHY H. NAME STREET ADDRESS 250 LOCK RD DEERFIELD BCH, FL CITY-ST-ZIP TITLE NAME PISER, PETER J. STREET ADDRESS 250 LOCK RD DEERFIELD BCH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachmen

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED