


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M69526 1. Entity Name CERTIFIED PLUMBING OF BREVARD, INC.	
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Principal Place of Business CERTIFIED PLUMBING OF BREVARD, INC. 1401 PENNY KAMP ST., NE PALM BAY, FL 32907 US	Mailing Address CERTIFIED PLUMBING OF BREVARD, INC. 1401 PENNY KAMP ST., NE PALM BAY, FL 32907 US
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**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2879915	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WHITEHEAD, ALLAN 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

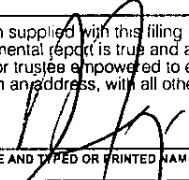
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JIMENEZ, DANIEL 4345 DEERWOOD TRAIL MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TRENNER, CHRISTOPHER E 1100 TOPLIFF CIR. NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOOD, ROBERT 2054 WINDBROOK PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILSON, HARRIET L 182 COPENHAVER AVE. NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000898192  
04/25/08-80078-012 158.75

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_ Date: April 10, 2008 Duvaine Pro-4