


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P00000022311 |  |
| 1. Entity Name K & P MECHANICAL SOLUTIONS, INC. | |

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| Principal Place of Business 2050 TIGERTAIL BLVD BAY O DANIA, FL 33004 | Mailing Address 9624 S W 12TH COURT BOCA RATON, FL 33428 |
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01212008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0978631 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent KNEISS, JOHN E 9624 S W 12TH COURT BOCA RATON, FL 33428 |
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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: _____

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| 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"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KNEISS, JOHN E 9624 S W 12TH COURT BOCA RATON, FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KNEISS, DEBRA A 9624 SW 12 CT BOCA RATON, FL 33428 |
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02/15/08-80088-013 150.00

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: *[Signature]* **2-4-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #