

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

ANNUAL REPORT				Mar 10, 2008 0			
1. Entity Nam	MENT # P01000071 NE PLUMBING DESIGN, INC.				Secreta	ary of	
	e of Business ON ESTATE BLVD I GARDENS, FL 33418	Mailing Address 256 EAGLETON ESTATE BLVD PALM BEACH GARDENS, FL 33	3418		TRIAL INGIN CRINI TRIAL BANA	· 88(% 88)() (882) (1841 (8)	<b>a</b> 11 <b>81/8</b> 1/81/81/81
D	O NOT WRITE	IN THIS SPA	CE	02072008 4. FEI Number 65-1070	No Chg-P	CR2E034 (11/0	5) Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent CIOFFOLETTI, ANLELO 256 EAGLETON ESTATE BLVD PALM BEACH GARDENS, FL 33418				IN T	NOT W	ACE	
	named entity submits this statement for thions of registered agent.  Signature, typed or brinled name of registered agent and		ed office or register		n, in the State of Flor	rida. I am familiar wi	th, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be ed to Fees			
10.  TITL!  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIE P CIOFFOLETTI, ANGELO 256 EAGLETON ESTATE BLVD WEST PALM BEACH, FL 33418	ECTORS			U00ÒI 03/26/01	00852045 8-80013-00	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE							

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 ther like empowered.

SIGNATURE:

STREET ADDRESS City+St-ZIP

TURE AND TYPED OB THE OF SIGNING OFFICER OR DIRECTOR

3-7-03

521-818-4468

Date

Daytime Phone #