2008 FOR PROFIT CORPORATION

FILED Apr 14, 2008 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P01000038403 GAS PLUMBING SERVICES INC. Principal Place of Business Mailing Address 1377 S. LEAVITT AVE. 1377 S. LEAVITT AVE. ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 US 04092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3714774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent POLIZZI, VINCENT DO NOT WRITE 3135 NOAH COURT DELTONA, FL 32738 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 U00000898512 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 04/25/08-80090-008 288.75 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE POLIZZI, VINCENT NAME STREET ADDRESS 3135 NOAH COURT CITY-ST-ZIP DELTONA, FL 32738 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eport 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 receive of trustee of the corporation of the receive of trustee of the corporation of the corporation of the receive of trustee of trust changed, or on an attachment Att

SIGNATURE:

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

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR