2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jul 25, 2006 8:00 am DOCUMENT # P01000077719 **Secretary of State** 1. Entity Name 07-25-2006 90026 033 ***550.00 BACKFLOW BOB, INC. Principal Place of Business Mailing Address 3029 S.W. 28TH STREET MIAMI FL 33133 3029 S.W. 28TH STREET 300430 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address 5 Ame Suite. Apt. # etc. Suite Apt # etc 2nd MOORE CR2E034 (4/06) City & State City & State 4. FEI Number Applied For 65-1127460 Not Applicable \$8.75 Additional Zip Country Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEANS, ROBERT L 19901 SW 156TH ST 7420 SW, 170 TERR Street Address (P.O. Box Number is Not Acceptable) MIAMIFE 33157 PALMETTO BAY, FL, City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE BEANS, ROBERT L NAME NAME 3029 S:W. 28TH STREET. STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete COOK, ROBERT L NAME NAME 2351 SW 80 TERR STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33025 CITY - ST - ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TIME GOMEZ, ALBERT JR NAME NAME 3029 SW 28 ST STREET ADDRESS STREET ADDRESS **MIAMLEL 33133** CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. TITLE ☐ Defete Mile Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition TITLE ☐ Delete TIRE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CTY - ST- 73P

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 in supplied which has him globes not qualify for the exemptions contained in Chapter 118, from a Statutes. From a Centry that the Information is price 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 furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supple of the corporation or the received

SIGNATURE:

T. Beans 7/18/06 305-447-1001

FILED