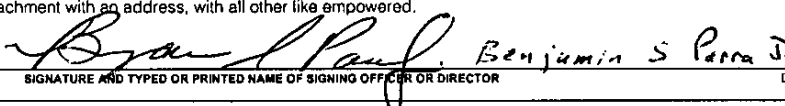


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90002 028 \*\*\*150.00

<b>DOCUMENT # P02000084179</b>			
1. Entity Name A & B PARRA PLUMBING INC.			
Principal Place of Business 11 PINE LAKE PARKWAY NORTH UNIT F-2 PALM COAST, FL 32137		Mailing Address PMB 384 1500 BEVILLE RD STE 606 DAYTONA BEACH, FL 32114-5644	
2. Principal Place of Business 3 CYPRESS BRANCH WAY (Suite) Apt. #, etc. STE. 108 A City & State PALM COAST, FL Zip 32164 Country FLAGLER		3. Mailing Address 3 CYPRESS BRANCHWAY (Suite) Apt. #, etc. STE. 108 A City & State PALM COAST, FL Zip 32164 Country FLAGLER	
		06222006 Chg-P CR2E034 (11/05)	
		4. FEI Number 56 2288689	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRA, BENJAMIN 610 JIMMY ANN DR #5072 DAYTONA BEACH, FL 32114		7. Name and Address of New Registered Agent Name (SAME AGENT NEW ADDRESS) Street Address (P.O. Box Number is Not Acceptable) 3 CYPRESS BRANCHWAY STE. 108 A City PALM COAST FL Zip Code 32164	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRA, BENJAMIN 610 JIMMY ANN DR #5072 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 CYPRESS BRANCHWAY, STE. 108 A PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARRA, ANTHONY 610 JIMMY ANN DR #5072 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 CYPRESS BRANCHWAY, STE 108 A PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 386.986.3520 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			