


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90003 016 ***150.00

DOCUMENT # P02000092725	
1. Entity Name OUELLETTE WATERPROOFING & CAULKING, INC.	

Principal Place of Business 17413 49TH STREET NORTH LOXAHATCHEE FL 33411	Mailing Address 17413 49TH STREET NORTH LOXAHATCHEE FL 33411
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 54-2069241		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOLSHAK, MAX J 2326 S. CONGRESS AVENUE WEST PALM BEACH FL 33406		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUELLETTE, DANIELLE	NAME	Danielle Ouellette
STREET ADDRESS	17413 49TH STREET NORTH	STREET ADDRESS	17413 49th Street North
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUELLETTE, MARK E	NAME	MARK E Ouellette
STREET ADDRESS	17413 49TH STREET NORTH	STREET ADDRESS	17413 49th St North
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Danielle Ouellette* *2/2/2008 5616561121*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #