## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P03000017 DUCT PAD, INC.			04-21-2006 90115 028 ***150.00				
DS 10   240   Street   N.     DS 10   240   Street   N.     DS 20   Street   N.     DS 20   Street   N.     DS 20   Street   N.     DS 30   Street   N.     DS 40   Street	11170 ELMHURST DR 11170 ELMHURST DR			82			500	14447	
Suite, April 4, etc.   2,0 4	· · · · · · · · · · · · · · · · · · ·			seet N.					
Enter Address of Fig. 1	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CR2E034 (11/0		
Sanna	Lungo	FC	Largo FL	Country			\$9.75	Not Applicable	
BARTON, TOMMY CPA 5100 78 AVEN STE 1 PINELLAS PARK, FL 33782    City   FL   Zip Code		ר '	רורצצ	Country			Fee Requ		
SIGNATURE		6. Name and Address of Current P	Name	7. Name and	Address of New	Registered Agent			
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 farmistar with, and accept the obligations of registered agent, and posture required agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmistar with, and accept the particles agent and the state of Florida agent and the farmistar agent agent and the farmistar agent agent and agent and the farmistar agent agent and the farmistar agent agent and the farmistar agent agent agent and the farmistar agent agent agent agent agent and the farmistar agent	5100 78 AVE N STE 1				Street Address (P.O. Box Number is Not Acceptable)				
The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature to produce of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	,	., ., .,							
SIGNATURE    Signature, produce or control name of inguistered agont and this if apolicable   (NOTE Registered Apret represente required smen rainstating)   DATE					FL Zip Code				
ARTER May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   DATE OF ADDITIONS   Delete   ITILE   Delete   TITLE   Delete   TITLE	the obligations of registered agent.  SIGNATURE								
ITILE NAME NAME STREET ADDRESS CITY-ST-2PP  TITLE NAME ST	FILE HOTTIN FEE 13 \$ 130.00				\$5.00 May Be Added to Fees				
NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO C	FFICERS AND DIRECT	ORS IN 11	
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	NAME STREET ADDRESS		.`	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 1.19, 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.

IGNATURE: Kimberly N Paterson Date Date

737-278-8506