2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P03000116116** 1. Entity Name MIKES PLUMBING INC. Principal Place of Business Mailing Address 121 S.W. 25TH AVENUE 121 S.W. 25TH AVENUE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 US 04192007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1058376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMYN, MICHAEL R DO NOT WRITE **121 S.W. 25TH AVENUE BOYNTON BEACH, FL 33435** 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 atte if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SAMYN, MICHAEL R STREET ADDRESS 121 S.W. 25TH AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33435 TITLE U00000726028 NAME 05/03/07-80047-006 150.0b STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER CHIRECTOR

7 561-734-073

FILED