2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State DOCUMENT # P03000122163 DANNY AINSWORTH POOL & PLUMBING, INC. Principal Place of Business Mailing Address 1220 FLATWOODS DRIVE 2428 S. MAPLE AVE US MIMS, FL 32754--625 US SANFORD, FL 32771 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0487835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DEVORE, ROSA L DO NOT WRITE 2428 S. MAPLE AVE SANFORD, FL 32771 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 title if applicable (NOTE: Registered Agont signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE AINSWORTH, WILLARD D JR MAME 1220 FLATWOODSDRIVE STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 U00000554512 05/15/06-80095-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7P