2007 FOR PROFIT CORPORATION

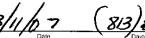
Mar 14, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P04000045313 03-14-2007 90027 029 ***150.00 LLONA PLUMBING, INC. Principal Place of Business Mailing Address 40035396 1806 W. ERNA DRIVE 1806 W. ERNA DRIVE TAMPA, FL 33603 TAMPA, FL 33603 03102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2444131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LLONA, LAUREANO DO NOT WRITE 1806 W. ERNA DRIVE TAMPA, FL 33603 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PS TITLE LLONA, LAUREANO NAME STREET ADDRESS 1806 W. ERNA DRIVE CITY-ST-7IP TAMPA, FL 33603 VP T TITLE NAME LLONA, SILVIA STREET ADDRESS 1806 W. ERNA DRIVE CITY-ST-ZIP **TAMPA, FL 33603** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR



FILED

