

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064284

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: CAPE BACKFLOW SYSTEMS, INC.

**Current Principal Place of Business:**

2949 WATERFORD DRIVE N.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

2949 WATERFORD DRIVE N.  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 75-3156603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREENE, MICHAEL E P.A.  
9900 WEST SAMPLE ROAD, SUITE 324  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GALVIN, JOHN W  
Address: 2949 WATERFORD DR. NORTH  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W GALVIN

PSTD

01/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date