


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2006 90098 041 ***158.75

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| DOCUMENT # P04000065817 |  |
| 1. Entity Name ABC DRYER VENT SERVICES, INC. | |

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| Principal Place of Business 791 THRASHER DR. ROCKLEDGE, FL 32955 | Mailing Address 791 THRASHER DR. ROCKLEDGE, FL 32955 |
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| 2. Principal Place of Business 1727 AUBURN LAKES DR. | 3. Mailing Address 1727 AUBURN LAKES DR. |
| Suite, Apt. #, etc. VICRA, FL. | Suite, Apt. #, etc. |

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| City & State VICRA, FL. | City & State VICRA, FL. |
| Zip 32955 | Country UNITED STATES |
| Zip 32955 | Country U. S. A. |

400000-



04182006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 90-0169199 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CAPRA, JOHN 791 THRASHER DR. ROCKLEDGE, FL 32955 | |
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| 7. Name and Address of New Registered Agent Name CAPRA, JOHN Street Address (P.O. Box Number is Not Acceptable) 1727 AUBURN LAKES DR. City VICRA FL Zip Code 32955 | |
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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:  DATE: **4/18/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT CAPRA, JOHN 791 THRASHER DR. ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS CAPRA, LORI 791 THRASHER DR. ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  DATE: **4/18/06** DAYTIME PHONE #: **321-631-5211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR