


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000086882
 1. Entity Name
 FILTERS PLUS, INC.



Principal Place of Business
 5100 N FLORIDA AVE
 TAMPA, FL 33603

Mailing Address
 5100 N FLORIDA AVE
 TAMPA, FL 33603



03052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 55-0872108

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

B. Name and Address of Current Registered Agent

MYERS, STEVE
 5100 N FLORIDA AVE
 TAMPA, FL 33603

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B. 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000468316
 03/24/06-80027-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAITES, TOM 5100 N FLORIDA AVE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEVE 5100 N FLORIDA AVE TAMPA, FL 33603
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Steve P. Myers 3/7/06 (813) 232-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #