


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000158713		
1. Entity Name CAMELOT PLUMBING, INC.		

Principal Place of Business 10151 UNIVERSITY BLVD STE 341 ORLANDO, FL 32817	Mailing Address 10151 UNIVERSITY BLVD STE 341 ORLANDO, FL 32817
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2. Principal Place of Business 1624 Hollis Suite, Apt. #, etc. 754 Summer Oaks Ct City & State Orlando, FL Zip 32765 Country US	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc. City & State Zip Country
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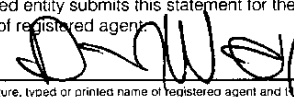
10112005 REIN-P CR2E098 (6/04)

4. FEI Number 51-0529534	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODS, DARREN E 754 SUMMER OAKS CT OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

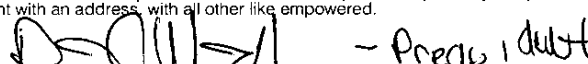
SIGNATURE:  DATE: 10/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV WOODS, DARREN E 10151 UNIVERSITY BLVD STE 341 ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000607834 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/19/05--01064--010 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV STEVENS, ANTON 10151 UNIVERSITY BLVD STE 341 ORLANDO, FL 32817 <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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  - Pres & Dir 10/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

FILED

2005 OCT 19 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

