2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P05000000092

Entity Name: AGAPE PLUMBING INC.

Current Principal Place of Business:

23 CHOCTAWHATCHEE RD. SE
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

1004 ALDERWOOD WAY
NICEVILLE, FL 32578

Current Mailing Address:

23 CHOCTAWHATCHEE RD. SE
FT. WALTON BEACH, FL 32548

New Mailing Address:

1004 ALDERWOOD WAY
NICEVILLE, FL 32578

FEI Number: 20-2253703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, THOMAS H
23 CHOCTAWHATCHEE RD. SE
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

WISE, THOMAS H
1004 ALDERWOOD WAY
NICEVILLE, FL 32578 US

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: 04/18/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WISE, THOMAS H
Address: 23 CHOCTAWHATCHEE RD. SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: VP ( ) Delete
Name: WISE, THOMAS R
Address: 23 CHOCTAWHATCHEE RD. SE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WISE, THOMAS H
Address: 1004 ALDERWOOD WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP (X) Change ( ) Addition
Name: WISE, THOMAS R
Address: 506 B LANDVIEW ST.
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: S,T ( ) Change (X) Addition
Name: WISE, KATHLEEN M
Address: 1004 ALDERWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: CH ( ) Change (X) Addition
Name: WISE, GEORGE M
Address: 118 GABLE COURT
City-St-Zip: SPARTANBURG, SC 29302

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: THOMAS H WISE P 04/18/2007
Electronic Signature of Signing Officer or Director — Date