

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
May 23, 2006 8:00 am  
Secretary of State**

05-23-2006 90011 007 \*\*\*150.00

<b>DOCUMENT #</b> P05000026290
<b>1. Entity Name</b> A1A GUTTERWORK INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> P.O. BOX 874 Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> PONTE VEDRA BEACH, FL	<b>City &amp; State</b>
<b>Zip</b> 32082	<b>Country</b>

<b>4. FEI Number</b> 76-0781909	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name SILVA, DENA D.	
Street Address (P.O. Box Number is Not Acceptable) 1212 JASMINE ST.	
City ATLANTIC BEACH	Zip Code FL 32233

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, DENA D. 1212 JASMINE ST. ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, LEON S. 226-5 SOLANA RD. #207 PONTE VEDRA, FL 32082	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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Dena Silva DENA D. SILVA 4/30/2006 904 534-4114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #