

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000129654

**FILED**  
**Jun 22, 2009**  
**Secretary of State****Entity Name:** DOCTOR DRAIN INC.**Current Principal Place of Business:**3818 SE 2ND AVE  
CAPE CORAL, FL 33904**New Principal Place of Business:****Current Mailing Address:**3818 SE 2ND AVE  
CAPE CORAL, FL 33904**New Mailing Address:****FEI Number:** 20-3509106**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LISZAK, JACQUELINE C  
4007 SW 20TH AVE  
CAPE CORAL, FL 33914 US**Name and Address of New Registered Agent:**FERRER, ALBERTO  
3818 SE 2ND AVE  
CAPE CORAL, FL 33904 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:** ALBERTO FERRER

06/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** FERRER, ALBERTO  
**Address:** 3818 SE 2ND AVE  
**City-St-Zip:** CAPE CORAL, FL 33904**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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:** ALBERTO FERRER

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date