2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 02, 2006
Secretary of State

DOCUMENT# P05000145199

Entity Name: GALLO PLUMBING SERVICES, INC.

Current Principal Place of Business:

5600 BENTGRASS DR. 117
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

5600 BENTGRASS DR. 117
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 20-3711360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLO, JASON
5600 BENTGRASS DR. 117
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GALLO, JASON
Address: 5600 BENTGRASS DR. 117
City-St-Zip: SARASOTA, FL 34235

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GALLO, JASON P
Address: 5600 BENTGRASS DR. 117
City-St-Zip: SARASOTA, FL 34235

Title: VP ( ) Change (X) Addition
Name: NORTON, BRUCE M JR
Address: 1729 LARAMIE STREET
City-St-Zip: SARASOTA, FL 34231

Title: TR ( ) Change (X) Addition
Name: GALLO, DIANA C
Address: 4447 RAYFIELD DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: SEC ( ) Change (X) Addition
Name: LITERAL, GEORGE A
Address: 3315 50TH AVENUE EAST
City-St-Zip: BRADENTON, FL 34203

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: JASON GALLO DP 11/02/2006

Electronic Signature of Signing Officer or Director — Date