2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163244

FILED Jan 07, 2008 Secretary of State

Entity Name: NATURAL-PRO PIPING, INC. **Current Principal Place of Business: New Principal Place of Business:** 297 WASHINGTON BLVD. NE LAKE PLACID, FL 33852 **Current Mailing Address: New Mailing Address:** 297 WASHINGTON BLVD. NE LAKE PLACID, FL 33852 FEI Number: 20-4314581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, WILLIAM D ALL FLORIDA FIRM INC 297 WASHINGTON BLVD NE 813 DELTONA BLVD LAKE PLACID, FL 33857 DELTONA, FL 32725 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: VICTOR M ERWIN 01/07/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JOHNSON, WILLIAM D Name: Name: 109 CLEVELAND AVENUE, N.E. Address: Address: City-St-Zip: LAKE PLACID, FL 33852 City-St-Zip: Title: () Delete Title: () Change (X) Addition JOHNSON, ELNA S Name: Name: Address: Address: 109 CLEAVELAND AVE NE LAKE PLACID, FL 33852 City-St-Zip: 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: WILLIAM D JOHNSON P 01/07/2008