2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 23, 2008 08:00 Al Secretary of State DOCUMENT # P06000018253 A. SALINA DRAIN CLEANING, INC. Mailing Address Principal Place of Business 4051 RAULERSON DRIVE **4051 RAULERSON DRIVE** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 CR2E034 (11/05) 01102008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0997158 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALINA, ANTHONY J DO NOT WRITE 4051 RAULERSON DRIVE LAKE WORTH, FL 33463 IN THIS SPACE 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 ... DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After:May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U000000792231 SALINA, ANTHONY J 01/23/08-80109-010 150.00 STREET ADDRESS 4051 RAULERSON DRIVE CITY+ST-ZIP LAKE WORTH, FL 33463 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP 11111 NAME STREET ADDRESS CITY-SI-ZIP" NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accounte 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme n address, with all othi ike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #