2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092299

City-St-Zip:

KEYSTONE HEIGHTS, FL 32656 US

Jul 17, 2007 Secretary of State

Entity Name: NORTHSTAR PIPING, INC **Current Principal Place of Business: New Principal Place of Business:** 6840 WOMANS CLUB DRIVE KEYSTONE HEIGHTS, FL 32656 US **Current Mailing Address: New Mailing Address:** 6840 WOMANS CLUB DRIVE KEYSTONE HEIGHTS, FL 32656 US FEI Number: 20-5205527 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: UNITED STATES CORPORATION AGENTS, INC. DYKES, STEVEN M 1111 LINCOLN RD. 6840 WOMANS CLUB DRIVE SUITE 400 KEYSTONE HEIGHTS, FL 32656 US MIAMI BEACH, FL 33139 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: STEVEN M DYKES 07/17/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DYKES, STEVEN M Name: Name: 6840 WOMANS CLUB DRIVE Address: Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: HERSEY, HUEY Name: 6840 WOMANS CLUB DRIVE Address: Address: KEYSTONE HEIGHTS, FL 32656 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DYKES, NANCY Name: Name: 6840 WOMANS CLUB DRIVE Address: Address:

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.

City-St-Zip:

Ρ SIGNATURE: STEVEN M DYKES 07/17/2007