
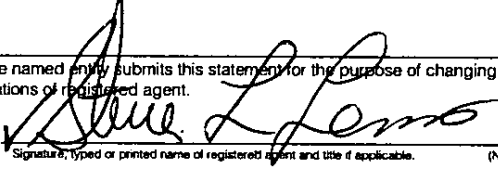
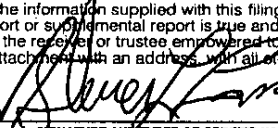


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 001 ***150.00

DOCUMENT # P94000085339					
1. Entity Name FIBERGLASS DUCT SPECIALISTS, INC.					
Principal Place of Business 1760 NW 113 AVE HOLLYWOOD, FL 33026 US			Mailing Address 1760 NW 113 AVE HOLLYWOOD, FL 33026 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0536968	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STEIN, MARK E ESQ MITRANI RYNOR & GALLEGOS PA ONE SE THIRD AVE SUITE 2200 MIAMI, FL 33131			Name LEMONS, STEVEN L		
			Street Address (P.O. Box Number is Not Acceptable) 1760 NW 113 AVE		
			City HOLLYWOOD		FL
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:  STEVEN L LEMOS PRES ✓ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMOS, STEVEN L		NAME	LEMONS, STEVEN L	
STREET ADDRESS	1760 NW 113 AVE		STREET ADDRESS	1760 NW 113 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33026		CITY-ST-ZIP	HOLLYWOOD, FL 33026	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mary Lemos	
STREET ADDRESS			STREET ADDRESS	1760 NW 113 AVE	
CITY-ST-ZIP			CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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 accurate 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 or 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 attachment with an address, with all other like empowered.					
SIGNATURE:  STEVEN L LEMOS PRES			Date: 3/3/06		Daytime Phone #: 954-450-5654
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					