

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# P96000001281

Entity Name: NAVE PLUMBING, INC.

Current Principal Place of Business:

POST OFFICE BOX 247
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 247
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0631733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVE, CHARLES A SR.
2244-A PERIWINKLE WAY
SANIBEL, FL 33957 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAVE, CHARLES A SR.
Address: POST OFFICE BOX 247 N/A
City-St-Zip: SANIBEL, FL 339570247

Title: STD () Delete
Name: NAVE, GOLDIE M
Address: POST OFFICE BOX 247 N/A
City-St-Zip: SANIBEL, FL 339570247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES A. NAVE SR.

PD

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date