2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90355 006 ***150.00 DOCUMENT # P96000005560 BAKER AND SONS PLUMBING CORP. 40050121 Principal Place of Business Mailing Address 2951 SE DOMNICA TERR 2951 SE DOMNICA TERR STUART, FL 34-9977 US STUART, FL 34-9977 US 2. Principal Place of Business \$15074 PARK of CommtRA 3. Mailing Address 15074 PARK OF COMMRILE BUD Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL JUPITER JUPITE 65-0636663 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ็นี่ SA 33478 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAKER, DENNIS BAKER, DENNIS Street Address (P.O. Box Number is Not Acceptable) 718-B NE 12TH TERR BOYNTON BEACH, FL 33435 BLUE WATER WAY 34997 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. ENN'S A BAKEL SIGNATURE. (NOTE: Registered Agent signature required when re 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE □ Delete TITLE ☐ Change ☐ Addition BAKER, DENNIS NAME NAME STREET ADDRESS 1119 SW BLUE WATER WAY STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BAKER, PHILIP F NAME NAME 6773 ASHBURN ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33462 CITY-ST-7IP TITLE SECRUTARY Delete TITLE ☐ Change Addition B. STROUT BAKER, PHILIP F CATHERINE NAME NAME 6773 ASHBURN RD 6340 SAND HILLS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE WORTH, FL 33467 CITY-ST-ZIP LAKE 33463 TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADORESS STREET ADORESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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.

FILED

4/13/06 (561) (A1 1255