2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000024825 1. Entity Name



FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90193 042 ***158.75

| DUPRE RESTORATION WATERPROOFING CONTRACTORS, INC. | | | | |
|--|---|---------------------|---------------------------------------|---|
| Principal Place of Business 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 Mailing Address 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232006 Chg-P CR2E034 (11/05) |
| City & State | | City & State | | 4. FEI Number Applied For 65-0747849 Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | Registered Agent | | 7. Name and Address of New Registered Agent |
| CARTER, WILLIAM N 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 | | | Name Street Addr | ess (P.O. Box Number is Not Acceptable) |
| | | | City | FL Zip Code |
| 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 Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND I | DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARTER, WILLIAM N JR 85149 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 | ⊠ Delete | | PD WILLIAM N. CARTER, ST 8514-9 CHARTER Club Cirile FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHINKE, DAN 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, ROBERT A 8514-9 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 | T Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR