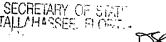
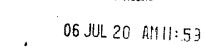
2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000024825

1. Entity Name
DUPRE RESTORATION WATERPROOFING CONTRACTORS, INC.







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8514-9 CHARTER CLUB CIRCLE			Mailing Address 8514-9 CHARTER CLUB CIRCLE					or faither of	· AMEG	FIT E TOWER. →	De		
FORT MYERS	, FL 33919		H	ORT MYERS, FL 339	19				ı fâmı (301) 80M 90M 90	in duna aldia	DISTRIBUIL IKANLO	KITET II 1861	
2. Principal Place of Business 3.				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06232006	Chg-P	CR2E	034 (11/05)		
City & State			City & State					4. FEI Number Applied For 65-0747849 Not Applicable					
Zip	Country			ip Country			_	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Regis				tered Agent	d Agent			7. Name and Address of New Registered Agent					
	-				Name								
CARTER, WILLIAM N 8514-9 CHARTER CLUB CIRCLE					Street Address			s (P.O. Box Number is Not Acceptable)					
FORT MY	ERS, FL	33919							-				
				_		City			;t	_	■ Zip Cod	le _	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Air and Air an													
##61.25											25		
	Signature, typed	or printed name of registere	id agent and pile i	f applicable. (NO	TE: Registere	d Agent signati.	re required	when reinstating)		DATE			
Am	ended Al	R is \$61.25					.00 May Be ed to Fees						
10.		OFFICERS	S AND DIREC	CTORS	11.			ADDITIONS.	CHANGES TO OF	FICERS A	ND DIRECTOR	S IN 11	
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NAME	CARTER, WILLIAM N SR					_	CA	RTER .	WILLIAM N	,FY			
STREET ADDRESS 8514-9 CHARTER CLUB CIRCLE				STREET ADDRESS CITY-ST-ZIP Z.			2.3	ARTER, WILLIAM NITT 1327 CAYNABY COURT LEIGH ACTES, EL 3397/					
CITY-ST-ZIP	FORTMY	ERS, FL 33919					-	16	ish Ac	<u> ر کعت</u>	<u> </u>	97/	
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			·		_			FORT 1	Myers,	<u> </u>	3719		
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NAME					NAM	AE					•		
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP				<u> </u>		r-ST-ZIP							
								a to Obsessed 44	9, Florida Statutes.	t forther and			

Indicated on this report or supplied with this filling does not qualify for the exhibitions contained in Chapter 119, Florida Statutes. Forther 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 within address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

7-17-06

239-4826630