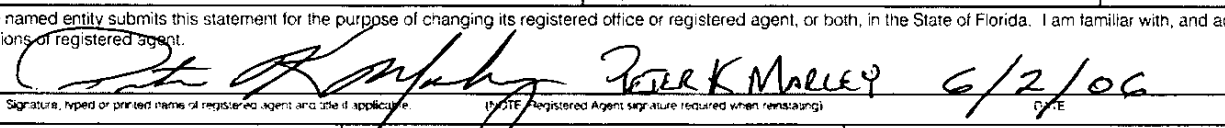
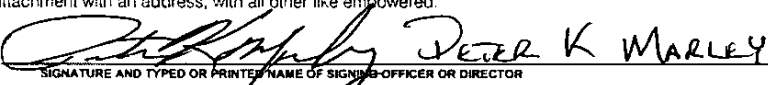


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

06-07-2006 90001 031 \*\*\*150.00

<b>DOCUMENT # P97000095850</b> 1. Entity Name <b>PETE'S PLUMBING &amp; GAS, INC.</b>					
Principal Place of Business <b>2031 SW 70 AVE</b> <b>C-4</b> <b>DAVIE, FL 33317</b>			Mailing Address <b>PO BOX 550788</b> <b>FT LAUDERDALE, FL 33355</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 292338</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Davie, Florida</b>			
Zip      Country		Zip      Country <b>33329      Broward</b>			
4. FEI Number <b>65-0792422</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75</b> Additional Fee Required				05302006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>MOOD, JONES, MONTEFUSCO, &amp; KRAUSE, PA</b> <b>1333 SO UNIVERSITY DR</b> <b># 201</b> <b>PLANTATION, FL 33324</b>					
7. Name and Address of New Registered Agent Name <b>Peter K. Marley</b> Street Address (P.O. Box Number is Not Acceptable) <b>2031 S.W. 70 Avenue</b> <b>C-4</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33317</b>					
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  <b>Peter K. Marley</b> <b>6/2/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (If STE Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARLEY, PETER K 2031 SW 70 AVE C-4 DAVIE, FL 33317	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARLEY, DONNA BOYE 2031 SW 70 AVE C-4 DAVIE, FL 33317	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  <b>Peter K. Marley</b> <b>6/2/06</b> <b>954/8352299</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					