

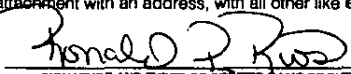


**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P98000068891</b> 1. Entity Name <b>R. RIOS PLUMBING, INC.</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>11280 PINE FOREST DRIVE NEW PORT RICHEY, FL 34654</b></div><div>Mailing Address <b>11280 PINE FOREST DRIVE NEW PORT RICHEY, FL 34654</b></div></div>		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">Apr 17, 2008 08:30</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">Secretary of S</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>01182008</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>65-0856467</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>																																																												
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<b>6. Name and Address of Current Registered Agent</b>  <b>RIOS, RONALD P 11280 PINE FOREST DRIVE NEW PORT RICHEY, FL 34654</b>	<div style="font-weight: bold; font-size: 1.5em;">DO NOT WRITE IN THIS SPACE</div>																																																													
<b>8.</b> 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.																																																														
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																																														
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<div style="font-weight: bold; font-size: 1.2em;">04/30/08-80032-023 150.00</div>																																																												
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-weight: bold;">TITLE</td><td style="width:10%; font-weight: bold;">P</td><td style="width:80%;">RIOS, RONALD P</td></tr><tr><td style="font-weight: bold;">NAME</td><td></td><td>11280 PINE FOREST DRIVE</td></tr><tr><td style="font-weight: bold;">STREET ADDRESS</td><td></td><td>NEW PORT RICHEY, FL 34654</td></tr><tr><td style="font-weight: bold;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-weight: bold;">TITLE</td><td></td><td></td></tr><tr><td style="font-weight: bold;">NAME</td><td></td><td></td></tr><tr><td style="font-weight: bold;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-weight: bold;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-weight: bold;">TITLE</td><td></td><td></td></tr><tr><td style="font-weight: bold;">NAME</td><td></td><td></td></tr><tr><td style="font-weight: bold;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-weight: bold;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-weight: bold;">TITLE</td><td></td><td></td></tr><tr><td style="font-weight: bold;">NAME</td><td></td><td></td></tr><tr><td style="font-weight: bold;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-weight: bold;">CITY-ST-ZIP</td><td></td><td></td></tr><tr><td style="font-weight: bold;">TITLE</td><td></td><td></td></tr><tr><td style="font-weight: bold;">NAME</td><td></td><td></td></tr><tr><td style="font-weight: bold;">STREET ADDRESS</td><td></td><td></td></tr><tr><td style="font-weight: bold;">CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE	P	RIOS, RONALD P	NAME		11280 PINE FOREST DRIVE	STREET ADDRESS		NEW PORT RICHEY, FL 34654	CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE			NAME			STREET ADDRESS			CITY-ST-ZIP			<div style="font-weight: bold; font-size: 1.5em;">DO NOT WRITE IN THIS SPACE</div>
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<b>12.</b> 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.																																																														
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="font-weight: bold; font-size: 1.2em;">4/15/08 (727)862-7334</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"><span>Date</span><span>Daytime Phone #</span></div>																																																												