## 2006 FOR PROFIT CORPORATION

## May 04, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000086506 1. Entity Name SPRINKLER SUPPLY WAREHOUSE, INC. Principal Place of Business Mailing Address 911 NW 209 AVE 911 NW 209 AVE #130 #130 PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 Harmon and the second No Chg-P CR2E034 (11/05) 04252006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0878060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUTZ, RICK 911 NW 209 AVE #130 IN THIS SPACE PEMBROKE PINES, FL 33029 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME LUTZ, RICK 911 NW 209 AVE #130 STREET ADDRESS U00000561727 05/19/06-80026-008 150.00 CITY ST-ZIP PEMBROKE PINES, FL 33029 HILE NAME STREE 1 ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE HILLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP HITLE

12. Thereby 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 of the receiver of trustee empowered to the report of the receiver of trustee empowered.

SIGNATURE:

NAME STREET ADDRESS CITY ST ZIP

IAME OF SIGNING OFFICER OR DIRECTOR

FILED