2005 FOR PROFIT CORPORATION

FILED Mar 16, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P99000051812 DAN'S PLUMBING, INC. Mailing Address Principal Place of Business 3261 CROSSCREEK PLACE 3261 CROSSCREEK PLACE SAINT AUGUSTINE, FL 32086 SAINT AUGUSTINE, FL 32086 No Chg-P CR2E034 (10/03) 01112005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3587010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'CONNELL W. HENRY DO NOT WRITE 2200 N. PONCE DE LEON BOULEVARD SUITE #10 IN THIS SPACE ST. AUGUSTINE, FL 32084 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 agont and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VOGEL, DANIEL NAME U00000264266 STREET ADDRESS 3261 CROSSCREEK PLACE 03/16/05-80008-016 150.00 City-ST-ZiP SAINT AUGUSTINE, FL 32086 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 attact ent with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP