2005 FOR PROFIT CORPORATION

FILED Feb 28, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P99000066739** GUARANTEED PLUMBING SERVICES, INC. Principal Place of Business Mailing Address 8291 BERMUDA SOUND WAY 8291 BERMUDA SOUND WAY **BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 02242005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0936649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIZRAHI, ELIAHU DO NOT WRITE 8291 BERMUDA SOUND WAY BOYNTON BEACH, FL 33436 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTO TITLE MIZRAHI, ELIAHU NAME 8291 BERMUDA SOUND WAY STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 TITLE 000000245658 02723.09-36772-683 13577 NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

12. I hereby certify that the information supplied with this filing 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 reported 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 an other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR