2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101535

Title:

Name:

Address:

City-St-Zip:

FILED Apr 26, 2006 Secretary of State

Entity Name: PRESTIGE PLUMBING, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
64 CENTRA LAKE WALI	AL AVE. W ES, FL 33853						
Current Mailing Address:			New Maili	New Mailing Address:			
64 CENTRA LAKE WALI	AL AVE. W ES, FL 33853						
FEI Number:	59-3612301	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status E	Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1000 TOWE	S, DEBORAH A ER BLVD ES, FL 33853	US					
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered c	office or registered ag	gent, or both,	
SIGNATUR							
Floories Com		Signature of Registered Agen	t	Date			
		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D CHILDRESS, DEE 1000 TOWER RD LAKE WALES, FL	1	Title: Name: Address: City-St-Zip:	D (X CHILDRESS, D 1000 TOWER I LAKE WALES,	BLVD		
Title: Name: Address: City-St-Zip:	D () D CHILDRESS, DEN 1000 TOWER BL' LAKE WALES, FL	VD	Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () D GREGOIRE, DAN 8948 OAKWOOD LAKE WALES, FL	DRIVE	Title: Name: Address: City-St-Zip:	GREGOIRE, D	LAKES CIRCLE		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBORAH A CHILDRESS D 04/26/2006

() Delete

GREGOIRE, PAULA L

8948 OAKWOOD DRIVE

LAKES WALES, FL 33853

(X) Change () Addition

GREGOIRE, PAULA L

885 COUNTRY LAKES CIRCLE

LAKES WALES, FL 33853