


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 004 ***150.00

DOCUMENT # V68258

1. Entity Name
FLAMINGO PLUMBING & BACKFLOW SERVICES, INC.




Principal Place of Business 8100 BELBEDERE RD. SUITE 2 WEST PALM BEACH, FL 33411 US	Mailing Address 8100 BELBEDERE RD. SUITE 2 WEST PALM BEACH, FL 33411 US
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2. Principal Place of Business - No P.O. Box # 2781 Vista Parkway Suite 10	3. Mailing Address 2781 Vista Parkway Suite 10
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City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33411	Country USA

40051097



04022007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0362975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DULL, LESLIE J. 8534 SEA CAPTAIN DR STUART, FL 34997	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DULL, JEFFREY K.		NAME	
STREET ADDRESS 8534 SEA CAPTAIN DR		STREET ADDRESS	
CITY - ST - ZIP STUART, FL 34997		CITY - ST - ZIP	
TITLE DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DULL, LESLIE J.		NAME	
STREET ADDRESS 8534 SEA CAPTAIN DR		STREET ADDRESS	
CITY - ST - ZIP STUART, FL 34997		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. 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.

SIGNATURE: X [Signature] 4/2/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 561-204-1137