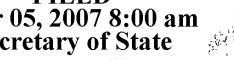
2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

| riled | |
|---------------------|-----|
| pr 05, 2007 8:00 am | |
| Secretary of State | . 4 |



| DOCUMENT # V68258 1. Entity Name FLAMINGO PLUMBING & BACKFLOW SERVICES, INC. | | | | | 04-05-2007 90 | 0142 004 | ***150. | 00 | |
|---|--|--|---------------------------------------|-----------------------------|-----------------------|---------------|----------------|---|--|
| | dere R d. Beach, Fl. 33411 us | Mailing Address **8100 BELBEDERE RD. **SUITE 2> WEST PALM BEACH, FL 33 | 3411 US | 4 (|)051097 | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2781 VISTa Parkway 3. Mailing Address 2781 VISTa Parkway 1. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite IO | | | | 04022007 | Chg-P | CR2E034 | (12/06) | . B. 14 14 14 14 14 14 14 14 14 14 14 14 14 | |
| City & State | O Lan Day I Tul | West Palm B | each.FL | 4. FEI Numbe | | | | plied For | |
| ^{Z2} 334 | Country | <u> </u> | Country U.S. A | | of Status Desired | | 8.75 Addi | itional | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and | Address of New Re | | | | |
| DULL, LES 8534 SEA STUART, I | CAPTAIN DR | | Name Street Address | s (P.O. Box Numbe | er is Not Acceptable) | | | | |
| | ₹, | | City | · | | FL | Zip Code | • | |
| 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 agent an | d title if applicable (NOTE: Re | gistered Agent signature requi | ired when reinstating) | | DATE | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0 | 9. Election Campaign Trust Fund Contribu | | 5.00 May Be dded to Fees | | | | ı | |
| 10. | OFFICERS AND D | | 11. | ADDITIONS/ | CHANGES TO OFFIC | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DULL, JEFFREY K. 8534 SEA CAPTAIN DR STUART, FL 34997 | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ι | Change | Addition | |
| TITLE NAME | DVS DULL, LESLIE J. | ☐ Delete | TITLE NAME | | - | (| Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 8534 SEA CAPTAIN DR STUART, FL 34997 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| IITLE NAME STREET ADDRESS CITY - ST - ZIP | | ☐ De/ete | TITLE NAME STREET ADDRESS CITY+S1-ZIP | | | (| Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | (| Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | [| Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | (| Change | Addition | |
| indicated | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w | rue and accurate and that my s | signature shall have th | e same legal effec | t as if made under or | ath: that Lam | n an officer i | or director | |