2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 A Secretary of State DOCUMENT # P99000007163 1. Entity Name MYLES' ELECTRIC MOTORS & PUMPS, INC. Principal Place of Business Mailing Address 3101 S.E. CARNIVALE COURT 3101 S.E. CARNIVALE COURT STUART, FL 34994 STUART, FL 34994 CR2E034 (11/05) 04112008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0892334 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALAVI, ALEX DO NOT WRITE 3101 S.E. CARNIVALE CT STUART, FL 34994 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. 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, 2008 Fee will be \$550.00 Trust Fund Contribution. UDD0000903194 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ALAVI, ALEX NAME 1879 SW CRANE CREEK AVE STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 TITLE ALAVI, ALLEN NAME 18640 N.E. 2ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33179 IIILE 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 NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 truetee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter flowers an address, with an address, with an address, with an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Changed, of on an attachment was an address, with an other like empowe

SIGNATURE:

CITY-ST-ZIP

ALEXMAN

15/08 772283-163

FILED