
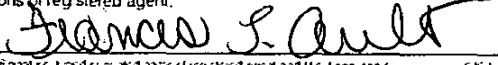
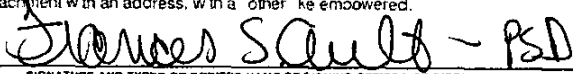


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90256 030 \*\*\*158.75

<b>DOCUMENT # 465055</b>					
1. Entity Name SPECIALIZED PUMP CO., INC.					
Principal Place of Business 2311 SW 57TH WAY HOLLYWOOD, FL 33023 US		Mailing Address PO BOX 3805 HOLLYWOOD, FL 33083 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1612400	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AULT, LAWRENCE 2311 SW 57TH WAY HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name: <b>FRANCES L. AULT</b> Street Address (P.O. Box Number's Not Acceptable): <b>2311 S.W. 57th WAY</b> City: <b>Hollywood</b> FL Zip Code: <b>33023</b>	
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: 		FRANCES L. AULT 4/26/05			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD AULT, LAWRENCE 2311 SW 57TH WAY HOLLYWOOD, FL <input checked="" type="checkbox"/> Deletion	TITLE NAME STREET ADDRESS CITY ST ZIP	PSD FRANCES L. AULT 2311 S.W. 57th WAY Hollywood, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP	VD DARREN J. AULT 2311 S.W. 57th WAY Hollywood, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD AULT, FRANCES L 2311 SW 57TH WAY HOLLYWOOD, FL <input checked="" type="checkbox"/> Deletion	TITLE NAME STREET ADDRESS CITY ST ZIP	S BERRY, DONNA 2311 SW 57TH WAY HOLLYWOOD, FL <input type="checkbox"/> Deletion	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Deletion	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 a "other" like empowered.					
SIGNATURE: 		4-26-05 954-967-2071			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					