2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 16, 2007 08:00 AN **DOCUMENT #465055 Secretary of State** 1. Entity Name SPECIALIZED PUMP CO., INC. Principal Place of Business Mailing Address PO BOX 3805 2311 SW 57TH WAY HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33083 US 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1612400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AULT, FRANCES L. DO NOT WRITE 2311 SW 57TH WAY HOLLYWOOD, FL 33023 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Recisioned Agent signature required when reinstating): 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000586585 Trust Fund Contribution. Added to Fees 01/16/07-80058-025 150.00 OFFICERS AND DIRECTORS 10. VD TITLE NAME AULT, DARREN J. 2311 SW 57TH WAY STREET ADDRESS C114-S1-ZIP HOLLYWOOD, FL 33023 PSD TITLE AULT, FRANCES L 2311 SW 57TH WAY STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL TITLE BERRY, DONNA NAME STREET ADDRESS 2311 SW 57TH WAY DO NOT WRITE CITY-ST-ZIP HOLLYWOOD, FL IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP

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 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

TOLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGH

Daytime Phone #