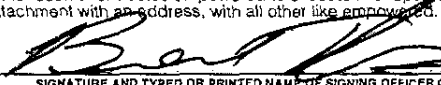


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H31261 1. Entity Name HOOVER PUMPING SYSTEMS CORPORATION					
Principal Place of Business % BRENT HOOVER 2620 N.W. 15TH COURT POMPAN0 BEACH, FL 33069			Mailing Address % BRENT HOOVER 2620 N.W. 15TH COURT POMPAN0 BEACH, FL 33069		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State		02052004 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2498106	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRANDT, ALAN C 150 S. PINE ISLAND RD. STE 400 FORT LAUDERDALE, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPS HOOVER, BRENT 17361 SPRINGTREE LANE BOCA RATON, FL 33487	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V CAVAIOLI, KEVIN 6500 N 20TH TERRACE FT LAUDERDALE, FL 33308	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HOOVER, DONNA 17361 SPRINGTREE LANE BOCA RATON, FL 33487	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  2/13/04 971 954-971-7350 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					