2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 28, 2004 08:00 AM DOCUMENT # H83846 **Secretary of State** 1. Entity Name DIESEL POWER PRODUCTS, INC. Principal Place of Business Mailing Address % RON DOERR % RON DOERR 2920 N.W. 122ND AVE. FT. LAUDERDALE FL 33323 2920 N.W. 122ND AVE. FT. LAUDERDALE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0265211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOERR, RONALD Street Address (P.O. Box Number is Not Acceptable) 2920 N.W. 122ND AVE. FT. LAUDERDALE FL 33323 City 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE Addition TITLE Сhапсе U00000017884 DOERR, RONALD NAME NAME 01/28/04-80113-010 150.00 STREET ADDRESS 2920 N.W. 122ND AVE. STREET ADDRESS CITY - ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Addition TIME Delete TOTLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-702 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THUE TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 feetyer 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 attacomer th all other like empowered

SIGNATURE:

SURVION TED NAME OF SIGNING OFFICER OR DIRECTOR

21 Jano 4 954-748-956.

FILED