2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 08:00 AM Secretary of State DOCUMENT # P02000060058 1. Entity Name MUDD'S POWER AND PUMPS, INC. Principal Place of Business Mailing Address P 0 B0X 634 8107 WOODLAWN CIR S ELLENTON, FL 34221 PALMETTO, FL 34221 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 01-0712886 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARFIELD, JAMES L DO NOT WRITE 8107 WOODLAWN CIR S PALMETTO, FL 34221 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 title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BARFIELD, JAMES L U00000363152 05/05/05-80146-020 150.00 8107 WOODLAWN CIR S STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED