2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2004
Secretary of State

DOCUMENT# P03000037451

Entity Name: PUMP' N SHOP INC

Current Principal Place of Business:

1103 WESTBURRY POINTE DR
#202
BRANDON, FL 33511

New Principal Place of Business:

1660 S.LAKE SHIPP DR
WINTER HAVEN, FL 33880

Current Mailing Address:

1103 WESTBURRY POINTE DR
#202
BRANDON, FL 33511

New Mailing Address:

1660 S.LAKE SHIPP DR
WINTER HAVEN, FL 33880

FEI Number: 59-3770405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URALIL, JOBY
1103 WESTBURRY POINTE DR
#202
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

URALIL, JOBY
1660 S.LAKE SHIPP DR
WINTER HAVEN, FL 33880 US

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.

SIGNATURE: 03/27/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHACKO, SAJI K
Address: 1103 WESTBURRY POINTE DR,#202
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete
Name: URALIL, JOBY
Address: 1103 WESTBURRY POINTE DR, #202
City-St-Zip: BRANDON,, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHACKO, SAJI K
Address: 1660 S.LAKE SHIPP DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP (X) Change ( ) Addition
Name: URALIL, JOBY
Address: 1660 S.LAKE SHIPP DR
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAJI CHACKO PD 03/27/2004
Electronic Signature of Signing Officer or Director — Date