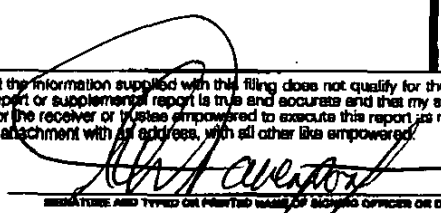


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90366 047 ***150.00

DOCUMENT # P03000039297			
1. Entity Name MARINE-PUMPS, INC.			
Principal Place of Business 240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315		Mailing Address P.O. BOX 5101 FORT LAUDERDALE, FL 33310	
2. Principal Place of Business - No P.O. Box # 237 S.W. 31st ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE FL		City & State	
Zip 33315	Country BROWARD	Zip	Country
4. FEI Number 13-4247434		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVENPORT, DAVID 240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name: DAVID DAVENPORT Street Address (P.O. Box Number is Not Acceptable): 237 S.W. 31st ST City: FT LAUDERDALE State: FL Zip Code: 33315	
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: _____ (NOTE: Registered Agent signature required when renewing) DATE: _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 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	PD DAVENPORT, DAVID 240 SW 30TH STREET, #15 FORT LAUDERDALE, FL 33315 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/19/2008 (954) 383-8064	

40085578



04182008 Chg-P CR2E034 (12/08)