04-18-2008 19:05 PAULA WHITE 9044918134

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Secretary of State

04-28-2008 90366 047 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039297

1. Entity Name
MARINE-PUMPS, INC.

40085578

04182008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315	P.O. BOX 5101 FORT LAUDERDALE, FL 33310

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
237 S.W. 31st ST	
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	7. Name and Address of New Registered Agent
DAVENPORT, DAVID 240 SW 30TH STREET #15 FORT LAUDERDALE, FL 33315	Name: DAVID DAVENPORT Street Address (P.O. Box Number is Not Acceptable): 237 S.W. 31ST ST City: FT LAUDERDALE 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 ______________________________ DATE
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, 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
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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 all address, with all other like empowered.

SIGNATURE: D Davenport 04/19/2008 (954)383-8064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #