2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000098723 01-25-2006 90026 022 ***150.00 HYDRO DYNAMIC PUMPING SERVICES INC. Principal Place of Business Mailing Address 47525 103RD TERRACE NORTH 6671 WEST INDIANTOWN ROAD JUPITER, FL 334787 US PMB 56-192 JUPITER, FL 33458 US 2. Principal Place of Business 3. Mailing Address GOI W. Indi ס או antown Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Chg-P CR2E034 (11/05) Sity & State City & State 4. FEI Number Applied For 42-1638556 Not Applicable \$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 JOYCE, WILLIAM O Street Address (P.O. Box Number is Not Acceptable) 6671 WEST INDIANTOWN ROAD PMB 56-192 JUPITER, FL 33478 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition 17525 103RD TERRACE NORTH 6671 W. Inc JOYCE, WILLIAM O NAME nol. STREET ADDRESS PMB 56-192 JUPITER, FL 33478 8 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delata TITLE ☐ Channe 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-7IP TIFLE □ Delete TITLE ☐ Change ☐ Addition MANIE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CETY-ST-7/P MLE ☐ Delete ☐ Change ☐ Addition HAME 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 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: Devizne Phone (

FILED

Jan 25, 2006 8:00 am