


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000171085		
1. Entity Name EAST COAST MOBILE HYDRAULIC, INC.		

FILED

2008 JUN -9 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129 US	Mailing Address 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129 US
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2. Principal Place of Business - No P.O. Box # 40 Holly Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06042008 Chg-P CR2E034 (12/06)

City & State Ormond Beach, FL	City & State
Zip 32174	Country Volusia


4. FEI Number
20-2045770

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, PATRICK S 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129	
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7. Name and Address of New Registered Agent Name Scott Drewry Street Address (P.O. Box Number is Not Acceptable) 40 Holly St City Ormond Beach FL Zip Code 32174	
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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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, PATRICK S 1677 NEW TOWN TERRACE PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600131199326 06/11/08--01034--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eric Drewry 4242 Haden Lakes Rd Port Orange, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-President Scott Drewry 422 Cactus St Port Orange, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/Treas. Arthur Drewry 5964 Trailwood Drive Port Orange, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date 5-29-08	Daytime Phone # 386-527-9731
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