

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000075982</b> 1. Entity Name <b>DSD LIQUID POWER INC.</b>				FILED 07 SEP 21 AM 10: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>14640 BULL RUN ROAD #220 MIAMI LAKES, FL 33014</b>		Mailing Address <b>14640 BULL RUN ROAD #220 MIAMI LAKES, FL 33014</b>			
2. Principal Place of Business - No P.O. Box # <b>3199 NW 120TH AVE</b>		3. Mailing Address <b>3199 NW 120TH AVE</b>		07202007    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		4. FEI Number <b>20-4975774</b>	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33065</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TUMPOVSKIY, STAN 14640 BULL RUN ROAD #220 MIAMI LAKES, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>SERRAO DANIEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3199 NW 120TH AVE</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>		
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 <u><i>Daniel Serrao VP</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUMPOVSKIY, STAN 14640 BULL RUN ROAD, #202 MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300109757193</b> <b>09/21/07--01024--001 **155.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERRAO, DANIEL 3199 NW 120TH AVE. CORAL SPRINGS, FL 33065 <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		
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: <u><i>Daniel Serrao VP</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					