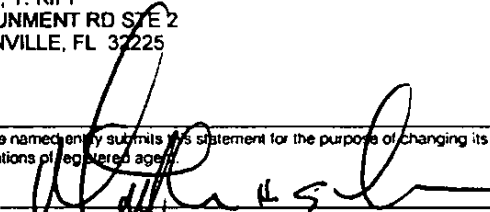
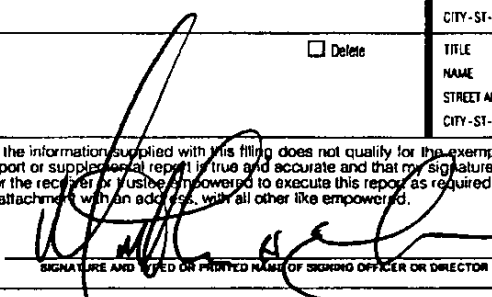


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-17-2008 90019 039 ***150.00

DOCUMENT # P07000098709			
1. Entity Name FLUID SOLUTIONS, INC.			
Principal Place of Business 3200 POWERS AVE JACKSONVILLE, FL 32207		Mailing Address 3200 POWERS AVE JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 23936	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE FL	
Zip	Country	Zip 32241-3936	Country USA
6. Name and Address of Current Registered Agent GORDON, T. KIPP 3041 MOUNMENT RD STE 2 JACKSONVILLE, FL 32225		7. Name and Address of New Registered Agent Name: MATTHEW H. EATON Street Address (P.O. Box Number is Not Acceptable): 3200 Powers Ave City: JACKSONVILLE FL Zip Code: 32207	
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: 4/14/08	
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	PRESIDENT MATTHEW H. EATON 3200 POWERS AVE JACKSONVILLE, FL. 32207 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HARLAN K. EATON 3200 POWERS AVE JACKSONVILLE, FL. 32207 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 recorder or I have been 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: 		Matthew H. EATON 4/14/08 (904) 733-8720	

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03312008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1902869 Applied For Not Applicable

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