2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

DOCUMENT # P19516 1. Entity Name CENTRAL HYDRAULIC-ENGINEERED PRODUCTION SYSTEMS, INC.					03-26-2008 90019 047 ***150.00				
Principal Place of Business		Mailing Address							
P.O. BOX 3099 LAUREL, MS_39442 US		P.O. BOX 3099 Laurel, MS 39442 US			•				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		(02202008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4	FEI Numbe 64-0589		 	oplied For of Applicable	
Zip	Country	Zip	Country	5	. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curren	Registered Agent		7.	. Name and	Address of New F	Registered Agent		
OT CORPORATION OVERTILE			Name	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	,								
			City				FL Zip Coo	е	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							·		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11	
TITLE	PD DAVID	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	ROGERS, DAVID PO BOX 2483 - N/A		NAME STREET ADDRESS						
CITY-ST-ZIP	LAUREL, MS		CITY-ST-ZIP						
TITLE	STD	☐ Delete	TITLE				xX Change	☐ Addition	
NAME	ROGERS, STEPHANIE		NAME	Green	n Roger	s, Stepha	nie		
STREET ADDRESS	P.O. BOX 3099		STREET ADDRESS		Ū	-			
CITY-ST-ZIP	LAUREL, MS 39442 VPD		CfTY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	5 %		
TITLE NAME	ROGERS, SCOTT	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS	P.O. BOX 3099		STREET ADDRESS						
CITY-ST-ZIP	LAUREL, MS 39442		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		_				
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		··· <u> </u>		☐ Change	Addition	
NAME			NAME				-	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP					—	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR DAVID ROGERS, PRESIDENT

02/20/2008 601 649-2551
Date Caytime Phone #