2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000034878 1. Entity Name

US

Principal Place of Business

Mailing Address

2053 INDIAN RIVER BLVD VERO BEACH, FL 32960 US

LOW PRESSURE SYSTEM, INC.

2053 INDIAN RIVER BLVD VERO BEACH, FL 32960

FILED Mar 31, 2008 08:00 AN Secretary of State



03242008 DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0402885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

SWANSON, MELANIE 2053 INDIAN RIVER BLVD VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE

| 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 | | | E: Registered Agent signature | Agent signature required when resistating) DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campai Trust Fund Conti | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SWANSON, ERIC 3085 MARINERS WAY VERO BEACH, FL 32963 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS SWANSON, MELANIE 3085 MARINERS WAY VERO BEACH, FL 32963 | | | | U00000874567 04/10/08-80124-011 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | • |
| TITLE NAME STREET ADDRESS | | | | | |

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 life empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #