


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90091 027 ***150.00

DOCUMENT # P98000009138	
1. Entity Name HOTSY-PRESSURE SYSTEMS, INC.	

Principal Place of Business 12665 METRO PKWY FT. MYERS, FL 33912	Mailing Address 12665 METRO PKWY FT. MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0817980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JOHNSON, DAVID S
338 CLOVER LEAF RD.
LAKE PLACID, FL 33852**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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

TITLE PT	NAME JOHNSON, DAVID S
STREET ADDRESS 338 CLOVER LEAF RD.	CITY-ST-ZIP LAKE PLACID, FL 33852
TITLE VPS	NAME JOHNSON, SHARON L
STREET ADDRESS 338 CLOVER LEAF RD.	CITY-ST-ZIP LAKE PLACID, FL 33852
TITLE SEC	NAME BENJAMIN JOHNSON
STREET ADDRESS 5027 S.W. COURTYARD CT	CITY-ST-ZIP CAPE CORAL, FL 33914
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **DAVID S. JOHNSON** **239-768-3363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #