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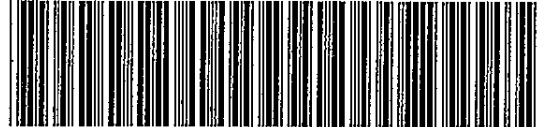
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1004-20929

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN - 8 AM 10:46

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 28, 2004

STELLA GILBERT
13625 RIVER ROAD
LULING, LA 70070

SUBJECT: PEDAL VALVES, INC.
Ref. Number: W04000020929

We have received your document for PEDAL VALVES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 404A00037495

SECRETARY OF STATE
GLENDA E. HOOD
TALLAHASSEE, FLORIDA

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To Whom It May Concern:

Enclosed is the documentation as per your request. Would you please send me a Certificate of Status from the Secretary of State in Florida as soon as possible. I have also enclosed the \$70.00 fee. Thank you in advance for your services.

Sincerely

Stella Gilbert

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pedal Valves, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. La.

(State or country under the law of which it is incorporated)

3. 72-1249237

(FEI number, if applicable)

4. 9-2-93

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 13625 River Road Luling, La. 70070

(Principal office address)

P.O. Box 1045 Luling, La. 70070

(Current mailing address)

8. ENGAGE in any lawful activity

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Judy Whiteside

Office Address: 1161 Woodland Terrace Trail

Altamonte Springs, Florida 32714
(City) (Zip code)

STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Judy Whiteside
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert V Gilbert Sr.

Address: 221 Albania
Wuling, Ga. 70070

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert V Gilbert, Sr

Address: 221 Albania
Wuling, Ga. 70070

Vice President: _____

Address: _____

Secretary: _____

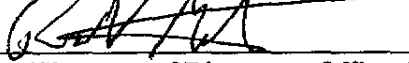
Address: _____

Treasurer: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Robert V Gilbert Sr. President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
State of Louisiana



Box McKeithen
SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that
PEDAL VALVES, INC.

A LOUISIANA corporation domiciled at LULING,

Filed charter and qualified to do business in this State on
September 07, 1993,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State.

I further certify that this Certificate is not intended to
reflect the financial condition of this corporation since
this information is not available from the records of this
Office.

*In testimony whereof, I have hereunto set
my hand and caused the Seal of my Office
to be affixed at the City of Baton Rouge on,
April 27, 2004*

Box McKeithen
ABA 34443212D

Secretary of State

