

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90041 026 ***150.00

DOCUMENT # 412073

1. Entity Name
IMPORT USED AUTO PARTS, INC.



Principal Place of Business
 17421 E. COLONIAL DRIVE
 P. O. BOX 27157
 ORLANDO, FL 32820-2210

Mailing Address
 PO BOX 531172
 ORLANDO, FL 32853

900000



03302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-1424513 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BURNS, PAUL M.
 1438 CHICKASAW TR
 ORLANDO, FL 32825

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 Agent signature required when reinstating)

DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BURNS, PAUL M 1438 CHICKASAW TR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MYERS, ERIC L. 3219 W. SAN CARLOS STREET TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP YOUNG, RON 9987 SHAWDO CREEK DR. ORLANDO, FL 32832 |
| 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: Paul M. Burns Paul M. Burns 4/3/07 4072225434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #