

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 412073

FILED
Apr 16, 2009
Secretary of State

Entity Name: IMPORT USED AUTO PARTS, INC.

Current Principal Place of Business:

17421 E. COLONIAL DRIVE
P. O. BOX 27157
ORLANDO, FL 328202210

New Principal Place of Business:

Current Mailing Address:

PO BOX 531172
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-1424513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, PAUL M
Address: 1438 CHICKASAW TR
City-St-Zip: ORLANDO, FL

Title: D,VP () Delete
Name: MYERS, ERIC L
Address: 3219 W. SAN CARLOS STREET
City-St-Zip: TAMPA, FL 33629

Title: SEC. () Delete
Name: MYERS, ERIC L
Address: 3219 W. SAN CARLOS STREET
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: MYERS, ERIC L
Address: 3219 W. SAN CARLOS STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURNS, PAUL M
Address: 1438 S. CHICKASAW TR
City-St-Zip: ORLANDO, FL 32825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BURNS

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date