2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M86728

Entity Name: DESOTO AUTOMOTIVE ENTERPRISES, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
------------------------------------------	------------------------------

3039 SE HIGHWAY 70 ARCADIA, FL 34266 US

Current Mailing Address: New Mailing Address:

P O BOX 190 3039 SE HIGHWAY 70 ARCADIA, FL 34265 US ARCADIA, FL 34266 US

FEI Number: 65-0055268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHLUNDT, MARK

1875 CITRON ST.

CHARLOTTE HARBOR, FL 33980 US

SCHLUNDT, MARK

2823 MILL CREEK RD.

PT. CHARLOTTE, FL 33953 US

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: 02/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SCHLUNDT, MARK
 Name:
 SCHLUNDT, MARK

 Address:
 1875 CITRON ST.
 Address:
 2823 MILL CREEK RD.

 City-St-Zip:
 CHARLOTTE HARBOR, FL
 City-St-Zip:
 PT. CHARLOTTE, FL 33953

Title: V () Delete Title: () Change () Addition

Name:CHRISTOPHERSON, CHARLESName:Address:1102 HARBOUR GREENAddress:City-St-Zip:PUNTA GORDA, FLCity-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 KRATZER, MATTHEW
 Name:

 Address:
 4071 LEA MARIE DR
 Address:

 City-St-Zip:
 PT CHARLOTTE, FL
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name:SCHLUNDT, PÁTRICIAName:SCHLUNDT, PÁTRICIAAddress:1875 CITRON ST.Address:2823 MILL CREEK RD.City-St-Zip:CHARLOTTE HARBOR, FLCity-St-Zip:PT. CHARLOTTE, FL 33953

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: MARK SCHLUNDT PRES 02/12/2009