
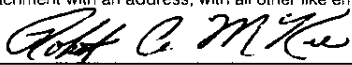


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 009 ****61.25

DOCUMENT # N07000001958					
1. Entity Name AUTO CLUB INTERNATIONAL, INC.					
Principal Place of Business 1515 NORTH WESTSHORE BLVD TAMPA, FL 33607			Mailing Address 1515 NORTH WESTSHORE BLVD TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-8569414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'BRIEN, THOMAS E 1515 NORTH WESTSHORE BLVD TAMPA, FL 33607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Pelletier, Paul A.	
STREET ADDRESS			STREET ADDRESS	444 Bouvier St.	
CITY-ST-ZIP			CITY-ST-ZIP	Quebec, Canada G2J 1E3	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	O'Brien, Thomas E.	
STREET ADDRESS			STREET ADDRESS	1515 N. Westshore Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Delete	TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sharp, Robert R.	
STREET ADDRESS			STREET ADDRESS	1515 N. Westshore Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	McKee, Robert A.	
STREET ADDRESS			STREET ADDRESS	1515 N. Westshore Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Cyr, Pierre	
STREET ADDRESS			STREET ADDRESS	160, rue Main	
CITY-ST-ZIP			CITY-ST-ZIP	Hudson (Quebec), Canada J0P 1H0	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: 			4-18-08		813-284-1458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #