2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001958

Title:

Name:

Address:

City-St-Zip:

FILED Apr 17, 2009 Secretary of State

Entity Na	me: AUTO CI	LUB INTERNATIONAL, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
1515 NOR TAMPA, F	RTH WESTSHO L 33607	ORE BLVD		
Current Mailing Address:			New Mailing Address:	
1515 NOR TAMPA, F	RTH WESTSHO L 33607	DRE BLVD		
FEI Number	: 20-8569414	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:	
	THOMAS E RTH WESTSHO L 33607 U			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (PELLETIER, P 444 BOUVIER QUEBEC, CA	ST	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (O'BRIEN, THO 1515 N WESTS TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	B (SHARP, ROBE 1515 N WESTS TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T (MCKEE, ROBE 1515 N WESTS TAMPA, FL 33	SHORE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. MCKEE 04/17/2009 Т

() Delete

CYR, PIERRÈ

160 RUE MAIN

HUDSON, CA JOP 1HO

() Change () Addition