2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P01000031159

Entity Name: SPEEDEMISSIONS, INC.

Current Principal Place of Business:

1139 SENOIA ROAD
B
TYRONE, GA 30290

New Principal Place of Business:

Current Mailing Address:

1139 SENOIA ROAD
B
TYRONE, GA 30290

New Mailing Address:

FEI Number: 33-0961488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE RESEARCH SOLUTIONS, INC.
1333 N. DUVAL STREET
TALLAHASSEE, FL 32303 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: DPST ( ) Delete
Name: PARLONTIERI, RICHARD A
Address: 1139 SENOIA ROAD
City-St-Zip: TYRONE, GA 30290

Title: D ( ) Delete
Name: YUSEFZADEH, BAHRAM
Address: 2180 WEST STATE RD 434
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: THOMPSON, BRADLEY A
Address: 227 KING STREET
City-St-Zip: FREDERIKSTED US VI, 00840

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S ( ) Change (X) Addition
Name: KLENK, WILLIAM W
Address: 1139 SENOIA RD
City-St-Zip: TYRONE, GA 30290

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM W. KLENK S 04/30/2004

Electronic Signature of Signing Officer or Director — Date