2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State
03-06-2008 90051 010 ***158.75

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1. Entity Name
CITY AUTOMOTIVE HOLDINGS, INC.

Principal Place of Business	Mailing Address
10575 ATLANTIC BLVD JACKSONVILLE, FL 32225	10575 ATLANTIC BLVD JACKSONVILLE, FL 32225

02262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 80-0089674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOREHAND, JOHN W 125 S GADSDEN ST STE 300 TALLAHASSEE, FL 32301	Name John Galeani Street Address (P.O. Box Number is Not Acceptable) 10585 Atlantic Blvd City Jacksonville FL Zip Code 32225

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 _____ John Galeani 02/26/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRESNAN, WILLIAM J		NAME		
STREET ADDRESS	15 BYRAM SHORE RD		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06830		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GALEANI, JOHN		NAME		
STREET ADDRESS	1628 BEACH AVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	VCFO	☒ Delete	TITLE	VCFO	☐ Change ☒ Addition
NAME	MIGIANO, GREGG T		NAME	Rosa, Salvatore	
STREET ADDRESS	10585 ATLANTIC BLVD		STREET ADDRESS	10585 Atlantic Blvd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRESNAN, ROBERT		NAME		
STREET ADDRESS	ONE MANHATTANVILLE RD		STREET ADDRESS		
CITY-ST-ZIP	PURCHASE, NY 10577		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRESNAN, PATRICK		NAME		
STREET ADDRESS	341 STANWICH RD		STREET ADDRESS		
CITY-ST-ZIP	GREENWICH, CT 06897		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEMOND, JEFFREY S		NAME		
STREET ADDRESS	281 WESTPORT RD		STREET ADDRESS		
CITY-ST-ZIP	WILTON, CT 06897		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 607, 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: _____ John Galeani, President 904-645-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 02/26/08 — Daytime Phone #