2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RICK D. SELLERS

4-27-2007

Date

458-0002

Apr 30, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2007 90846 019 ***150.00 DOCUMENT # P04000008352 1. Entity Name CAR RICK ENTERPRISES, INC. 40093420 Principal Place of Business Mailing Address 10235 US HIGHWAY 301 10235 US HIGHWAY 301 DADE CITY, FL 33525 DADE CITY, FL 33525 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 90-0133900 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELLERS, DONNA J 10235 US 301 Street Address (P.O. Box Number is Not Acceptable) DADE CITY, FL 33525 Zip Code FI 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition SELLERS, RICK D NAME NAME STREET ADDRESS 9840 KINGSMERE RD. STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 CITY-ST-ZIP TITLE DV □ Delete TITLE ☐ Change ■ Addition NAME SELLERS, DONNA J NAME STREET ADDRESS 9840 KINGSMERE RD. STREET ADDRESS CITY-ST-ZIP DADE CITY, FL 33525 CHTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED