2007 FOR PROFIT CORPORATION . **ANNUAL REPORT**

FILED Apr 27, 2007 08:00 AM EPDVNFOU!\$ P04000037455 **Secretary of State** 2/ Entity Name SHAWS REPAIR, INC. Principal Place of Business Mailing Address 2128 DEUPSSTEE 2128|IBSJFSISPEE X.O.FSIHESEFO!QA145898 X.CUFSHEEEFO!QM45898 03022007 DS3F145!)22016* OpIDi h.Q EP OPUX SJUF JO UI JT TOBDF Applied For 5/ FFI Number 20-0835522 Not Applicable %9/86 Beejupobm 6/ Certificate of Status Desired Off IStryjste 7/ Obn f IboelBeesftt IpdDvssfoulSfhjt uf sfeiBhfou SHAW, EDMUND R EP OPUX SJJF! 1017 CARTER ROAD WINTER GARDEN, FL 34787 JO UI JT TOBDF 9/ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE : / Election Campaign Financing %6/11 Nbzlcr1 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Beef elupiOfft 21/ OFFICERS AND DIRECTORS TITLE NAME SHAW, EDMUND R 1017 CARTER ROAD STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 U00000740326 TITLE 05/14/07-80061-025 150.do STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EP OPUX SJJF! CITY-ST-7IP TITLE JO UI JT TOBDF NAME STREET ADDRESS CITY-ST-ZIP TITLE

23/ 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.

TJHOBUVSF;

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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