


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P94000027451
 1. Entity Name
ALL MAKES MOTORCYCLE SHOP, INC.



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| Principal Place of Business 41 NORTH CONGRESS AVE. BAY 9B DELRAY BEACH, FL 33445 | Mailing Address 41 NORTH CONGRESS AVE. BAY 9B DELRAY BEACH, FL 33445 |
|--|--|

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0486965 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**POWERS, SEAN
 41 NORTH CONGRESS AVE. BAY 9B
 DELRAY BEACH, FL 33445**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

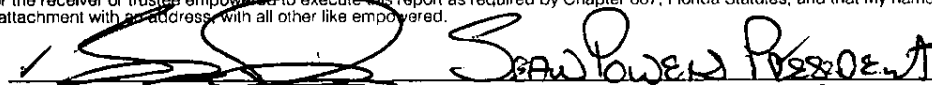
U000000669522
 03/27/07-80074-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWERS, SEAN 41 NORTH CONGRESS AVE BAY 9B DELRAY BEACH, FL 33445 |
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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:  **1/31/07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561 243 0229