

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025704

FILED
Mar 26, 2007
Secretary of State

Entity Name: AUTO-KINETICS, INC.

Current Principal Place of Business:

215 VOLLMER AVENUE
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1109
OLDSMAR, FL 346771109 US

New Mailing Address:

FEI Number: 59-3306990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, RICHARD D PRES
1135 VICTORIA DRIVE
UNIT #3
DUNEDIN, FL 34698 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: P,D () Delete
Name: NELSON, RICHARD D PRES
Address: 1135 VICTORIA DRIVE, UNIT #3
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: NELSON, GEORGIA F
Address: 215 VOLLMER AVENUE, P.O BOX 1109
City-St-Zip: OLDSMAR, FL 346770985

Title: S,T () Delete
Name: NELSON, DANIEL R
Address: 215 VOLLMER AVENUE, P.O BOX 1109
City-St-Zip: OLDSMAR, FL 346770985

Title: VP () Delete
Name: BUCK, MARK
Address: 794 CHERRYBROOKE COURT
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: NELSON, CHRISTOPHER C
Address: 215 VOLLMER AVENUE, P.O. BOX 1109
City-St-Zip: OLDSMAR, FL 346770985

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICHARD D NELSON

P

03/26/2007

Electronic Signature of Signing Officer or Director

_____ Date