


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S55720**

1. Entity Name  
SELECT MOTOR CAR OF GAINESVILLE, INC.



Principal Place of Business      Mailing Address

PO BOX 1759      PO BOX 1759  
MELROSE, FL 32666 US      MELROSE, FL 32666 US

**DO NOT WRITE IN THIS SPACE**



04232007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3098635**      Not Applicable

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

6. Name and Address of Current Registered Agent

MONTANE, ALAN E.  
147 SE 5TH AVE  
MELROSE, FL 32666

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTAINE, ALAN E.
STREET ADDRESS	147 SE 5TH AVE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	STD
NAME	MONTANE, ALAN E.
STREET ADDRESS	147 SE 5TH AVE
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/07-80027-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Alan E. Montane*    ALAN E. MONTANE    4-26-07    352-335-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone