


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # 151554 1. Entity Name PARTS DEPOT, INC.		
Principal Place of Business 2177 DALE AVE., S.E. ROANOKE, VA 24013	Mailing Address P.O. BOX 13785 ROANOKE, VA 24013 US	



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0570642	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____
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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD OLSON, ROLLANCE E 2177 DALE AVE., S.E. ROANOKE, VA 24013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB DELL, GLEN 255 ARAGON AVENUE, STE. 300 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CLARK, RICHARD 2177 DALE AVE. ROANOKE, VA 24013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO ALEXANDER, WILLIAM E D 6002 CAVALIER DR ROANOKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REALA, BOB 255 ARAGON AVE STE 300 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOSSON, BUSTER C 255 ARGON AVE. SUITE 300 CORAL GABLES, FL 33134

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01/22/07-80003-007 158.75

**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: Richard A. Clark, SVP+CFO **1-4-07** **(540)345-1001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #