

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 270031

Entity Name: SIX WHEELS, INC.

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

324 E. PAR ST  
SUITE 2  
ORLANDO, FL 32804

**New Principal Place of Business:**

666 SEMINOLE DR.  
WINTER PARK, FL 32789

**Current Mailing Address:**

666 SEMINOLE DR  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-1371550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, JOHN R  
666 SEMINOLE DRIVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

ARNOLD, JOHN R M.D.  
666 SEMINOLE DRIVE  
WINTER PARK, FL 32789 US

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: JOHN R. ARNOLD, M.D.

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARNOLD, MD, JOHN R  
Address: 666 SEMINOLE DR.  
City-St-Zip: WINTER PARK, FL 32804

Title: S ( ) Delete  
Name: PRINCE, B. THOMAS MD  
Address: 409 BALMORAL DR.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JOHN R. ARNOLD, M.D.

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date