

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352647

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: DYNAMOTIVE KAR KLINIK INC

## Current Principal Place of Business:

427 SOUTH NIEMAN AVENUE  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

370 HALEY DRIVE  
MURPHY, NC 28906

## New Mailing Address:

FEI Number: 59-1275424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILEY A. BOLES  
2435 ST JOHN LANE  
MELBOURNE, FL 32935 US

## Name and Address of New Registered Agent:

WILEY A. BOLES  
1028 PINECREEK CIRCLE NE  
PALM BAY, FL 32905 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:

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOLES, WILEY A.,  
Address: 2435 ST JOHN LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: ST ( ) Delete  
Name: BOLES, DOREEN,  
Address: 2435 ST JOHN LANE  
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete  
Name: LARSON, JEROLD D  
Address: 1356 RILA STR SE  
City-St-Zip: PALM BAY, FL 32909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOLES, WILEY A.,  
Address: 370 HALEY DRIVE  
City-St-Zip: MURPHY, NC 28906

Title: ST (X) Change ( ) Addition  
Name: BOLES, DOREEN,  
Address: 370 HALEY DRIVE  
City-St-Zip: MURPHY, NC 28906

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: DOREEN B. BOLES

ST

01/04/2007

Electronic Signature of Signing Officer or Director

Date