2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2005 08:00 AM Secretary of State **DOCUMENT # 410704** 1. Entity Name TUGGLE MOTORS INC. Principal Place of Business Mailing Address ANDREW H. ACCETURO 2200 SW 56 AVE **BIG A. AUTO RECULERS** 6 ROYAL PALM WAY BOCA RATON FL 33432 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1421281 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACCETTURO, ANDREW H. Street Address (P.O. Box Number is Not Acceptable) 16 ROYAL PALM WAY **UNIT 101 BOCA RATON FL 33432** Zip Code 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 little if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition HILE ☐ Delete U00000226254 ACCETTURO, ANDREW H. NAME 02/12/05-80008-022 150.00 STREET ADDRESS STREET ADDRESS 16 ROYAL PALM WAY #101 BOCA RATON FL 33432 CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete Title TITLE ACCETTURO, BARBARA T. NAME NAME 16 ROYAL PALM WAY #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE Delete h⊞€ ☐ Change ☐ Addition NAME ACCETTURO, BARBARA STREET ADDRESS STREET ADDRESS 16-ROYAL PALM WAY #701 CITY-ST-ZIP CHY-ST-7IP BOCA RATON FL 33432 ☐ Addition DITE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete THE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2005 954.336.3456

FILED