2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL N	EPUNI (AN	<u> </u>	Apr 10, 2006 08:00 AM
DOCUMENT # 517103 1. Entity Name				Secretary of State
PERFORM	MANCE TIRE, INC.			
Principal Place of Business		Mailing Address		-
6101 29 AVENUE NO. ST. PETERSBURG FL 33710		6101 29 AVENUE NO. ST. PETERSBURG FL 3	33710	
2. Principal Place of Business		3. Mailing Address		T THE REPORT OF THE VIEW WENT WENT HE WAY A SECURITY WAY SEED TO SECURE THE THE THE THE THE THE THE THE THE TH
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE
City & State		Cny & State		4. FEI Number 59-1692941 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
ZAK, CHARLES J.				
610	1 29TH AVENUE NORTH PETERSBURG FL 33710		Street Address	(P.O. Box Number is Not Acceptable)
			City	FL 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 agont	and life if applicable (NOTE	E Registured Agent signature require	DATE DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o	1.2 M. S		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	PTS ZAK, CHARLES 6101 29 AVENUE N ST. PETERSBURG FL	☐ Detete	TITLE MAME STREET ADDRESS CHY-S1-ZIP	☐ Change ☐ Addition U00000498498 04/22/06-80037-018 150.00
TITLE	SI. PEI CROBUNG FL	☐ Delete		Change Addition
NAME STREET ADDRESS GITY-ST-ZIP	ZAK, CHARLES 6101 259 AVENUE N ST. PETERSBURG FL	Ueleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change C Change
TITLE NAME STREET ADDRESS CHY+S7-ZIP		☐ De/ete	HTLE MAIME STREET ADDRESS CITY-ST-ZIP	Change 3 Addition
THLE NAME STREET ADDRESS EHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CTY+S1-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CXYY-ST-ZXP		☐ Dehele	Title NAME STREET ADDRESS CHY SI-ZIP	Change Addition
Title NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CTY-ST-UP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 in changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

CHARLES J. ZAK

4/5/06