


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90093 016 \*\*\*150.00

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 538024</b><br>1. Entity Name<br><b>CENTRAL AUTO PARTS, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>16 N. PARRAMORE AVENUE<br/>ORLANDO, FL 32801-2209</b>  |   |   | Mailing Address<br><b>16 N. PARRAMORE AVENUE<br/>ORLANDO, FL 32801-2209</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><b>P.O. Box 26006</b>   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State<br><b>Raleigh NC</b>   |  | 4. FEI Number<br><b>59-1752049</b>   |  |
| Zip  |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MICHAEL, DORIS H<br/>16 N. PARRAMORE AVENUE<br/>ORLANDO, FL 32801</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD <input type="checkbox"/> Delete<br><b>MICHAEL, STEVEN J<br/>3169 WHISPER WIND DR<br/>SAINT CLOUD, FL 34771</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S <input type="checkbox"/> Delete<br><b>MICHAEL, DORIS H.<br/>3203 MISTY MORN COURT<br/>ST CLOUD, FL</b>          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V <input type="checkbox"/> Delete<br><b>MICHAEL, STEVEN J.<br/>5371 CROOKED OAK CIRCLE<br/>ST. CLOUD, FL</b>      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Assistant Secretary<br><b>James Felman<br/>2635 Millbrook Rd<br/>Raleigh NC 27604</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |   |  |  |  |
| <b>SIGNATURE:</b> _____ <b>5/10/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |  |  |

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05072007 Chg-P CR2E034 (12/06)