2007 FOR PROFIT CORPORATION

Apr 16, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT #629880** 1. Entity Name HOLLYWOOD STARTER & ALTERNATOR, INC. Principal Place of Business Mailing Address 1300 STIRLING ROAD 1300 STIRLING ROAD DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 US US 03262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1917063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Ageлt DO NOT WRITE WINTERMAN, TERRY 1066 NW 97 AVE PLANTATION FL, FL 33322 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WINTERMAN, TERRY NAME 1066 NW 97TH AVE STREET ADDRESS CITY-ST-ZiP PLANTATION, FL 00000, TITLE WINTERMAN, LAURIE G DIR NAME STREET ADDRESS 1066 NW 97 AVE. CITY-ST-ZIP PLANTATION, FL 33322 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CLTY + ST - ZIP TITLE NAME STREET ADDRESS

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 eath; 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 attrachment with an address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP TATLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

FILED