


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 668889			
1. Entity Name RALLY TIRE CO.			
Principal Place of Business 12300 OVERSEAS HWY MARATHON, FL 33050	Mailing Address 12300 OVERSEAS HWY MARATHON, FL 33050		
DO NOT WRITE IN THIS SPACE			
		04242007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1994548	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CORBIN, SUSAN 8085 OVERSEAS HWY MARATHON, FL 33050		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SWARTZ, ELAINE 2128 RAINWATER RD DANDRIDGE, TN 377256921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, MARTI 2128 RAINWATER RD DANDRIDGE, TN 377256921		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, LANCE 12300 OVERSEAS HWY MARATHON, FL 33050		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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05/14/07-80070-018 150.00

**DO NOT WRITE
IN THIS SPACE**