


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000629
1. Entity Name
SR WRECKING, INC.



Principal Place of Business Mailing Address
900 WILSHIRE BLVD., SUITE 1520 900 WILSHIRE BLVD., SUITE 1520
LOS ANGELES, CA 90017-4716 LOS ANGELES, CA 90017-4716

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0805502	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KISSEL, JEFFREY M 900 WILSHIRE BLVD., SUITE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, DAVID T 900 WILSHIRE BLVD., SUITE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHEARN, NANCY R 900 WILSHIRE BLVD., SUITE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FENNING, WILLIAM M 900 WILSHIRE BLVD., SUITE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRIOR, WILLIAM 900 WILSHIRE BLVD., SUITE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-80090-025 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 213/624-8161
Date Daytime Phone #