2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002285

Name:

Address:

City-St-Zip:

Entity Name: PERFORMANCE TRAILERS, INC

FILED Jun 29, 2005 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6430 47TH STREET NORTH PINELLAS PARK, FL 33781			12200 34TH STREET NORTH CLEARWATER, FL 33762			
Current M	lailing Addres	ss:	New Mailing Address:			
6430 47TH STREET NORTH PINELLAS PARK, FL 33781			12200 34TH STREET NORTH CLEARWATER, FL 33762			
FEI Number	: 30-0240009	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	DELAND BLV	SERVICES, INC. D, STE 508				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Ag	ent	Date		
		3(2)(b), F.S., the corporation did no	ot receive the prior notic	e.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (MEHTA, ZUBIN 400 WEST 22N NEW YORK, N	ID ST, STE 2R	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (SHALOV, GRE- 400 WEST 22N NEW YORK, N	ID ST, STE 2R	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO (SINGER, HARO 9280 SILVERTI LARGO, FL 33	HORN RD	Title: Name: Address: City-St-Zip:		(X) Change () Addition MARK S TIMBERS DRIVE PAK, TX 75077	
Title:	() Delete	Title:	CFO	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SUMNER, WAYNE

HUDSON, FL 34667

12300 PARTRIDGE HILL ROW

SIGNATURE: WAYNE SUMNER CFO 06/29/2005