2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007
Secretary of State

DOCUMENT# F05000001403

Entity Name: AXIS VEHICLE SERVICES, INC.

Current Principal Place of Business:

C/O AXIS GROUP
160 CLAIREMONT AVE., SUITE 400
DECATUR, GA 30030

New Principal Place of Business:

C/O AXIS GROUP
160 CLAIREMONT AVE
DECATUR, GA 30030

Current Mailing Address:

C/O AXIS GROUP
160 CLAIREMONT AVE., SUITE 400
DECATUR, GA 30030

New Mailing Address:

C/O AXIS GROUP
160 CLAIREMONT AVE
DECATUR, GA 30030

FEI Number: 38-2918187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARRINGTON, JOHN
Address: 160 CLAIREMONT AVE., SUITE 400
City-St-Zip: DECATUR, GA 30030

Title: VS ( ) Delete
Name: FLEMING, ROBERT
Address: 160 CLAIREMONT AVE., SUITE 400
City-St-Zip: DECATUR, GA 30030

Title: T ( ) Delete
Name: MACAULAY, SCOTT
Address: 160 CLAIREMONT AVE., SUITE 400
City-St-Zip: DECATUR, GA 30030

Title: V (X) Delete
Name: KREISLER, JOHN
Address: 160 CLAIREMONT AVE., SUITE 400
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRINGTON, JOHN
Address: 160 CLAIREMONT AVE
City-St-Zip: DECATUR, GA 30030

Title: VS (X) Change ( ) Addition
Name: FLEMING, ROBERT
Address: 160 CLAIREMONT AVE.
City-St-Zip: DECATUR, GA 30030

Title: T (X) Change ( ) Addition
Name: MACAULAY, SCOTT
Address: 160 CLAIREMONT AVE
City-St-Zip: DECATUR, GA 30030

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOHN HARRINGTON PRES 08/14/2007

Electronic Signature of Signing Officer or Director — Date