2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004753

Entity Name: JASPER ENGINE EXCHANGE, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
815 WERNSING ROAD JASPER, IN 475470650		815 WERNSING ROAD JASPER, IN 47547-650			
Current N	Mailing Addres	ss:	New Mailing Addres	s:	
PO BOX 6 JASPER,	550 IN 475470650				
FEI Number	r: 35-0907098	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:		
POMPAN	7. 27TH AVENU O BEACH, FL	33069 US			
	a named entity.	submits this statement for the i	nurnose of changing its registers	d office or registered agent, or both	
	e named entity te of Florida.	submits this statement for the i	purpose of changing its registere	d office or registered agent, or both	
in the Stat	te of Florida. Î				
in the Stat	te of Florida. Î	submits this statement for the particles of the particles of Registered Ag		d office or registered agent, or both Date	
in the Stat SIGNATU In accordar	te of Florida. IRE: Electrol nce with s. 607.19	nic Signature of Registered Ag 93(2)(b), F.S., the corporation did n	ent		
in the Stat SIGNATU In accordar Election Ca	te of Florida. IRE: Electrol nce with s. 607.19	nic Signature of Registered Ag 93(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ent ot receive the prior notice.		
in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	te of Florida. RE: Electronice with s. 607.19 Impaign Financin S AND DIRECT	nic Signature of Registered Ag 03(2)(b), F.S., the corporation did no og Trust Fund Contribution (). CTORS:) Delete GLAS	ent ot receive the prior notice.	Date	
in the Stat SIGNATU In accordar Election Ca	te of Florida. IRE: Electron nce with s. 607.15 Impaign Financin IS AND DIRECT P (BAWEL, DOUG PO BOX 650 JASPER, IN 4	nic Signature of Registered Ag 33(2)(b), F.S., the corporation did no g Trust Fund Contribution (). CTORS:) Delete BLAS 7547) Delete IKE	ent ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	

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: RAYMOND SCHWENK T 05/01/2009