

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007092

FILED
Jul 28, 2008
Secretary of State

Entity Name: MOTORCYCLE ACCESSORY WAREHOUSE, INC.

Current Principal Place of Business:

340 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750

New Principal Place of Business:

348 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750

Current Mailing Address:

340 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750

New Mailing Address:

348 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750

FEI Number: 84-1468303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALMON, ROBERT
340 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

SALMON, ROBERT
348 NORTH HIGHWAY 17/92
LONGWOOD, FL 32750 US

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:

07/28/2008

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: SCHENCK, RICHARD
Address: 1721 N EMERALD BAY
City-St-Zip: EAGLE, ID 83616

Title: SD () Delete
Name: SALMON, ROBERT
Address: 340 NORTH HIGHWAY 17/92
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALMON, ROBERT
Address: 348 NORTH STATE HWY 17/92
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change () Addition
Name: COUSINEAU, KIM
Address: 311 MONKS COURT
City-St-Zip: LAKE MARY, FL 32746

Title: S () Change (X) Addition
Name: SALMON, MICAH
Address: 2326 FALLING ACORN DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: KIM COUSINEAU

VP

07/28/2008

Electronic Signature of Signing Officer or Director

Date