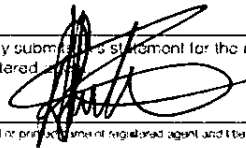
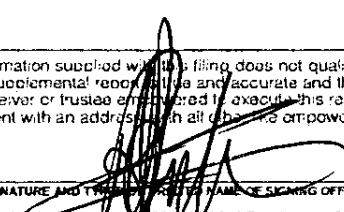


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90001 014 ***150.00

DOCUMENT # F06000006122 1. Entity Name COUNTRY LIVIN' AUTO MALL, INC.					
Principal Place of Business 500 SOUTH US 1 COCOA, FL 32922			Mailing Address 3498 HWY 60 MURPHY, NC 28906		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 500 South US 1			
City & State City: Cocoa State: FL		4. FEI Number 20-0486128			
Zip 32922		Country BREVARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUTH, RALPH V 3661 TURTLEMOUND ROAD MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: FL Zip Code: _____		
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: 09-01-07 (NOTE: Registered Agent signature required when substituting)					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP RUTH, RALPH V 3661 TURTLEMOUND ROAD MELBOURNE, FL 32935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BAB, DONALD RAY 500 SOUTH US 1 COCOA, FL 32922	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 which all officers are empowered.					
SIGNATURE:  DATE: 09-01-07 (321) 636-0343 SIGNATURE AND TITLE REQUIRED OF NAME OF SIGNING OFFICER OR DIRECTOR					