

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F89903

FILED
Jan 04, 2007
Secretary of State

Entity Name: MANCINI AUTOMOTIVE, INC.

Current Principal Place of Business:

10114 STATE ROAD 52
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

10114 STATE ROAD 52
HUDSON, FL 34669

New Mailing Address:

FEI Number: 59-2196677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANCINI, LAURA
10114 STATE ROAD 52
HUDSON, FL 34669 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANCINI, PAUL,
Address: 11604 PINE FOREST DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Delete
Name: MANCINI, LAURA
Address: 7717 GULF WAY
City-St-Zip: HUDSON, FL 34667 US

Title: T () Delete
Name: MANCINI, ERNESTO G
Address: 14212 MITIGATION CT.
City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete
Name: MANCINI, STEPHEN A
Address: 18701 BASCOMB LA
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MANCINI, ERNESTO G
Address: 10052 DEER STREET
City-St-Zip: SPRING HILL, FL 34608 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA MANCINI

SECY

01/04/2007

Electronic Signature of Signing Officer or Director

Date