

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005164

Entity Name: ALLIED AUTOMOTIVE GROUP, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

160 CLAIREMONT AVENUE
DECATUR, GA 30030

New Principal Place of Business:

Current Mailing Address:

160 CLAIREMONT AVENUE
DECATUR, GA 30030

New Mailing Address:

FEI Number: 58-2201081

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 32301 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: VPS () Delete
Name: KIRKMAN, TOMMY
Address: 160 CLAIREMONT AVENUE
City-St-Zip: DECATUR, GA

Title: EVPT () Delete
Name: RAWDEN, DAVID A
Address: 160 CLAIREMONT AVENUE
City-St-Zip: DECATUR, GA 30030

Title: P () Delete
Name: RUTLAND, GUY W IV
Address: 160 CLAIREMONT AVENUE
City-St-Zip: DECATUR, GA 30030

Title: SVP () Delete
Name: RENTZEL, KEITH
Address: 160 CLAIREMONT AVENUE
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: DAVID A. RAWDEN

EVPT

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date