2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 13, 2007 08:00 AM DOCUMENT #F99000006216 **Secretary of State** FISCHER AUTOMOTIVE GROUP, INC. Principal Place of Business Mailing Address 2445 SOUTH EAST FEDERAL HIGHWAY 2445 SOUTH EAST FEDERAL HIGHWAY STUART, FL 34994-4530 STUART, FL 34994-4530 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite Ant # etc. 07052007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 38-3100867 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 5. 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 tamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little it applicable. (NOTE. Registered Agent signature required when registering) 9. Election Campaign Financing FILE NOW!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE PRES Delete TITLE Addition Chance NAME FISCHER, CARL E NAME STREET ADDRESS U00000768597 2445 SOUTH EAST FEDERAL HIGHWAY STREET ADORESS 07/13/07-80005-001 550.00 CITY-ST-ZIP STUART, FL 349944530 CITY-ST-ZP TITLE ☐ Delete HILE ☐ Change Addition HAYDEN, WILLIAM NAME NAME STREET ADDRESS 2445 SOUTH EAST FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP STUART, FL 349944530 CITY-ST-7P ST Bit TITLE ☐ Delete Change ☐ Addition MAME CARRIER, RENEE NAME STREET ADDRESS 2445 SOUTH EAST FEDERAL HIGHWAY STREET ADDRESS CITY-ST-71P CRY-ST-78 STUART, FL 349944530 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CATY-ST-ZIP CSTY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP TETS F Change ☐ Addition TITLE Delete MAME NAME STREET ADDRESS STREET ADDRESS C(TY-S)1-782 CITY-57-28 12. I hereby certify that the information supplied with this filling does not qualify indicated on this report or suppliemental report is true and accurate and the of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empower. the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 7-5-07 SIGNATURE

NG OFFICER OR DIRECTOR

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