
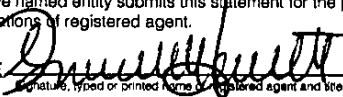
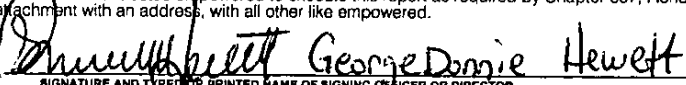


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H07631</b> 1. Entity Name DON'S ALIGNMENT SERVICE, INC.			
Principal Place of Business 3325 PEORIA RD ORANGE PARK, FL 32065		Mailing Address 3325 PEORIA RD ORANGE PARK, FL 32065	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 59-2463106	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
HEWETT, GEORGE D 3370 PEORIA RD ORANGE PRK, FL 32065		<b>DO NOT WRITE IN THIS SPACE</b>	
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: 1/12/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		000000527969 01/17/07-80053-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HEWETT, DONNIE 3325 PEORIA RD ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D HEWETT, CATHERINE 3325 PEORIA RD ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD HEWETT, GEORGE 3370 PEORIA RD ORANGE PARK, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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, with all other like empowered.			
SIGNATURE: 		1/12/07 904-542-2548	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	