2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31676

Entity Name: MOTORCYCLE CLINIC, INC.

FILED Mar 06, 2009 Secretary of State

807 E. VINE ST. 807 E. VINE ST.

KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

807 E. VINE ST. 807 E. VINE ST.

KISSIMMEE, FL 34744 US

FEI Number: 59-2583000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BRIAN K. DADY 807 E. VINE ST.

KISSIMMEE, FL 34744 US

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:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

503 WILD FORREST DR

DAVENPORT, FL 33837

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MCP () Delete Title: PTD (X) Change () Addition Name: BRIAN K. DADY, Name: DADY, BRIAN K

 Name:
 BRIAN K. DADY,
 Name:
 DADY, BRIAN K

 Address:
 1770 ELDORADO CT.
 Address:
 1770 ELDORADO CT.

 City-St-Zip:
 ST. CLOUD, FL 34771
 City-St-Zip:
 ST. CLOUD, FL 34771 US

Title: DV () Delete Title: VSD (X) Change () Addition

 Name:
 DADY, BRIAN,
 Name:
 DADY, LINDA M

 Address:
 1770 ELDORADO CT.
 4ddress:
 1770 ELDORADO CT.

 City-St-Zip:
 ST. CLOUD, FL 34771
 City-St-Zip:
 ST. CLOUD, FL 34771 US

Title: VS () Delete Title: V (X) Change () Addition

 Name:
 DADY, LINDA M
 Name:
 DADY, CORY J

 Address:
 1770 ELDORADO CT
 Address:
 503 WILD FORREST DR

City-St-Zip: ST. CLOUD, FL 34744 City-St-Zip: DAVENPORT, FL 33837

Title: V (X) Delete Title: () Change () Addition Name: DADY, CORY J Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN K DADY PRES 03/06/2009