2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# H31676

Entity Name: MOTORCYCLE CLINIC, INC.

Current Principal Place of Business:

807 E. VINE ST.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

807 E. VINE ST.
KISSIMMEE, FL 34744 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRIAN K. DADY
807 E. VINE ST.
KISSIMMEE, FL 34744 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

OFFICERS AND DIRECTORS:

Title: PTD
Name: DADY, BRIAN K
Address: 1770 ELDORADO CT.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: VSD
Name: DADY, LINDA M
Address: 1770 ELDORADO CT.
City-St-Zip: ST. CLOUD, FL 34771 US

Title: V
Name: DADY, CORY J
Address: 503 WILD FORREST DR
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: BRIAN DADY PTD 04/15/2011

Electronic Signature of Signing Officer or Director Date