2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87150

FILED May 21, 2009 Secretary of State

Entity Name: ACE AUTOMOTIVE PRODUCTS, INC.

Current P	Principal Place	of Business:	New Principal Place	e or business.
	DRSYTH ST. IVILLE, FL 322	204		
Current Mailing Address:		New Mailing Address:		
	DRSYTH ST. IVILLE, FL 322	204		
El Number	: 59-2631339	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
301 WES ⁻ JACKSON The above		TREET 204 US	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.			
n the Stat SIGNATU				
	RE:	nic Signature of Registered Ag	ent	Date
SIGNATU n accordar	RE: Electron	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Date
SIGNATU n accordar Election Ca	RE: Electron	3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.	Date BES TO OFFICERS AND DIRECTOR
SIGNATU n accordar Election Ca	RE: Electrol nce with s. 607.19 mpaign Financin S AND DIREC	3(2)(b), F.S., the corporation did no g Trust Fund Contribution (). TORS:) Delete HARLES G. TH ST	ot receive the prior notice.	
n accordar Election Ca DFFICER Title: Jame: kddress:	RE: Electrol nce with s. 607.19 mpaign Financin S AND DIREC DP (HARTSOCK, C 801 W FORSY JACKSONVILL	(3(2)(b), F.S., the corporation did not go Trust Fund Contribution (). (**TORS:** (**) Delete** HARLES G. TH ST E, FL (**) Delete** ORD TH ST	ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
n accordar election Ca DFFICER itle: lame: ddress: city-St-Zip: itle: lame: ddress:	RE: Electron ce with s. 607.19 mpaign Financin S AND DIREC DP (HARTSOCK, C 801 W FORSY JACKSONVILL DV (HADLEY, GAY 801 W FORSY JACKSONVILL	(3(2)(b), F.S., the corporation did not general Trust Fund Contribution (). (TORS: () Delete HARLES G. TH ST E, FL () Delete LORD TH ST E, FL () Delete ATRICIA (TH ST.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	SES TO OFFICERS AND DIRECTOR () Change () Addition

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: BETTY HADLEY T 05/21/2009