2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # H89434 06-26-2007 90001 006 ***150.00 1. Entity Name WARCAR, INC. Principal Place of Business Mailing Address 20121042 6103 JOHNS RD 6103 JOHNS RD SUITE 2 SUITE 2 TAMPA, FL 33634 **TAMPA, FL 33634** US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (12/06) 06132007 Cha-P City & State City & State Applied For 4 FEI Number 59-2610505 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERALDS, WARREN L Street Address (P.O. Box Number is Not Acceptable) 11920 S.E. 172ND LANE SUMMERFIELD, FL 34491 City Zip Code 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PS TITLE TITLE Change ☐ Addition ☐ Delete GERALDS, CAROLYN P NAME NAME STREET ADDRESS 6103 JOHN ROAD SUITE 2 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME GERALDS, WARREN L L NAME STREET ADDRESS 6103 JOHNS RD, STE 2 STREET ADDRESS CITY-ST-7IP TAMPA, FL 33634 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attackprient with an address, with all other like ampowered.

FILED Jun 26, 2007 8:00 am



ATTACHMENT 40/2/842

June 7, 2007

Division of Corporations P.O. Box 8800 Tallahassee, FL. 32314

RE: Account # H89434

To Whom It May Concern:

I have been out of town for sometime and I never did receive an Annual Report Notice. It was brought to my attention through my accountant that this report was due and payable of \$150.00.

Enclosed please find our check in that amount.

Thank you very much for your cooperation in this matter.

Regards,

Carolyn Geralds, President