

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 019 ***150.00

DOCUMENT # J07734 1. Entity Name SPECIALTY TRANSMISSION PARTS, INC.	
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Principal Place of Business 3133 FORTUNE WAY #23 WELLINGTON, FL 33414 US	Mailing Address 3133 FORTUNE WAY #23 WELLINGTON, FL 33414 US
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14000982



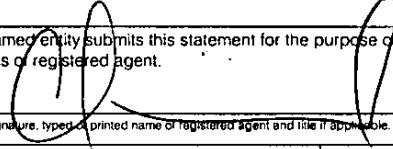
01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2662914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KURNITSKY, ARNOLD 11740 SAINT ANDREWS PL. 2330 WELLINGTON GREEN APT 308 DR. WELLINGTON, FL 33414
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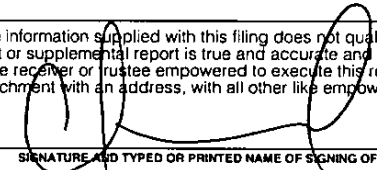
**DO NOT WRITE
IN THIS SPACE**

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	ARNOLD KURNITSKY <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/20/05 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KURNITSKY, ARNOLD 11740 SAINT ANDREWS PL. #308 2330 WELLINGTON GREEN DRNE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	ARNOLD KURNITSKY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/21/05 <small>Date</small>
		561-795-0400 <small>Daytime Phone #</small>