2008 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Jan 10, 2008 08:00 Al Secretary of State DOCUMENT # J89430 1. Entity Name ROYAL TIRE & AIR, INC. Principal Place of Business Mailing Address 820 MASON AVE 820 MASON AVE DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2840728 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULLER, JOHN C. DO NOT WRITE 820 MASON AVE DAYTONA BEACH, FL 37117 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00

OFFICERS AND DIRECTORS 10.

TITLE FULLER, JOHN C. NAME STREET ADDRESS 820 MASON AVE DAYTONA BEACH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE

U00000778595 01/11/08-80003-022 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of stee 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

SIGNATURE:

NAME STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-719

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR