2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 11, 2005 08:00 AM Secretary of State **DOCUMENT # K14914** 1. Entity Name LAUDERDALE SPEEDOMETER, INC. Mailing Address Principal Place of Business 300 WEST ST RD 84 FT LAUDERDALE, FL 33315 300 WEST ST RD 84 FT LAUDERDALE, FL 33315 US CR2E034 (10/03) 08082005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0047913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERKEY, JOHN A. 2600 WOODSIDE DR DO NOT WRITE FORT LAUDERDALE, FL 33312 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TETE VERKEY, JOHN A. NAME STREET ADDRESS 2600 WOODSIDE DR FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE 08/11/05-811/05-105 150.00 NAME VERKEY, LISA S. 2600 WOODSIDE DR SZRECOA TRAFES FORT LAUDERDALE, FL 33312 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information adoptied with this filling/does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report or applications 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 empoweded 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 atta SIGNATURE:

ER OR DIRECTOR

ATURE AND TYPED OR PRINTED NAME OF SIGI

FILED