2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K51589

Entity Name: GARRISON REPAIR WEST, INC

FILED Sep 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5420 STATE RD 84 BAYS 7,8,9 DAVIE, FL 33314 US

Current Mailing Address: New Mailing Address:

5420 STATE RD 84 BAYS 7,8,9 DAVIE, FL 33314 US

FEI Number: 65-0088883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRISON, RALPH DOUGLAS 5420 SR 84 BAY 7-9 DAVIE, FL 33314 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 GARRISON, RALPH DOUGLAS

 Address:
 5420 STATE RD 84 BAYS 7,8,9

City-St-Zip: DAVIE, FL

 Title:
 STD
 () Delete

 Name:
 GARRISON, ROBERTA

 Address:
 5420 STATE RD 84 BAYS 7,8,9

City-St-Zip: DAVIE, FL

Title: PSD (X) Change () Addition Name: GARRISON, RALPH DOUGLAS Address: 5420 STATE RD 84 BAYS 7,8,9

City-St-Zip: DAVIE, FL

Title: TD (X) Change () Addition

Name: GARRISON, ROBERTA
Address: 5420 STATE RD 84 BAYS 7,8,9

City-St-Zip: DAVIE, FL

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: RALPH DOUGLAS GARRISON P 09/10/2009