2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L37807 1. Entity Name FLORIDA FRONT WHEEL DRIVE, INC. Principal Place of Business Mailing Address C/O MICHAEL J. CONFORTI C/O MICHAEL J. CONFORTI 3705 INTERSTATE PKWY 3705 INTERSTATE PKWY RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0165053 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONFORTI, MICHAEL J. DO NOT WRITE 3705 INTERSTATE PKWY RIVERIA BCH, FL 33404 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CONFORTI, MICHAEL J. NAME STREET ADDRESS 3707 INTERSTATE PKWY 3705 CITY-ST-ZIP RIVIERA BEACH, FL - 000000350484 05/02/05-80106-013 150.00 CONFORTI, CHERYL NAME 10843 158TH STREET STREET ADDRESS CITY-ST-ZIP JUPITER, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: Cheryl Ann Con fort

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/28/05

FILED

561845-6872