

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37807

FILED
Apr 23, 2007
Secretary of State

Entity Name: FLORIDA FRONT WHEEL DRIVE, INC.

Current Principal Place of Business:

C/O MICHAEL J. CONFORTI
3705 INTERSTATE PKWY
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL J. CONFORTI
3705 INTERSTATE PKWY
RIVIERA BEACH, FL 33404 US

New Mailing Address:

FEI Number: 65-0165053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONFORTI, MICHAEL J.
3705 INTERSTATE PKWY
RIVERIA BCH, FL 33404 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONFORTI, MICHAEL J.,
Address: 3707 INTERSTATE PKWY
City-St-Zip: RIVIERA BEACH, FL

Title: V () Delete
Name: CONFORTI, CHERYL
Address: 10843 158TH STREET
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. CONFORTI

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date