2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# L49396

Entity Name: FIRST CITY CYCLES, INC.

Current Principal Place of Business:

210 STATE ROAD 16
ST. AUGUSTINE, FL 320952013

New Principal Place of Business:

210 STATE ROAD 16
ST. AUGUSTINE, FL 320842013

Current Mailing Address:

210 STATE ROAD 16
ST. AUGUSTINE, FL 320952013

New Mailing Address:

210 STATE ROAD 16
ST. AUGUSTINE, FL 320842013

FEI Number: 59-3012974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORREGROSA, JOSE F.
3635 GAINES RD.
ST. AUGUSTINE, FL 320844997 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TORREGROSA, JOSE F.,
Address: 3635 GAINES RD.
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TORREGROSA, JOSE F.,
Address: 3635 GAINES RD.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: JOSE F. TORREGROSA D 05/25/2007

Electronic Signature of Signing Officer or Director — Date