2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 23, 2007 8:00 am Secretary of State 04-26-2007 90202 048 ***150 00 **DOCUMENT # M31123** G.P. WARRANTY SERVICE CENTER, INC. 7000 - T Principal Place of Business Mailing Address 1951 NW 22 STREET 1951 NW 22 STREET FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311 04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0002066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Foe Required 8. Name and Address of Current Registered Agent WU, SHIH TZA DO NOT WRITE 1951 NW 22 ST FT. LAUDERDALE, FL 33311 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. INOTE Receivered Agent protesture required when reinstation: DATE \$5.00 мау Ве FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS NTI F NAME WU, SHIH TZA STREET ADDRESS 1951 NW 22 STREET CITY-ST-ZIP FT. LAUDERDALE, FL TITL F **BUCHER, JOHN** HALE STREET ADDRESS 1951 NW 22 STREET CITY-ST-ZIP FT. LAUDERDALE, FL TITLE STD WU, TSAI HU! NAME STREET ACCRESS 1951 NW 22 ST DO NOT WRITE CITY-ST-ZIP FT LAUDERDALE, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED