2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003123

Entity Name: WHEELS OF MAN, M.C., INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1252 S.W. 1 WAY DEERFIELD BEACH, FL 33441 **Current Mailing Address: New Mailing Address:** 1252 S.W. 1 WAY DEERFIELD BEACH, FL 33441 FEI Number: 65-1026068 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIVENS, STEVEN HOLCOMB, JOHN 2710 N.É. 11 AVE. 6531 KIMBÉRLY BLVD. POMPANO BEACH, FL 33064 US NORTH LAUDERDALE, FL 33068 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: JOHN HOLCOMB 04/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HAGER, ROBERT E FERRINO, DONALD Name: Name: 23345 COUNTRY CLUB DRIVE Address: 5048 NE 14 AVE. Address: City-St-Zip: WEST BOCA RATON, FL 33428 City-St-Zip: POMPANO BCH., FL 33064 Title: () Delete Title: () Change () Addition Name: FOSTER, JOHN Name: Address: 2621 N.W. 64TH TERRACE Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIVENS, STEVEN Name: HOLCOMB, JOHN Name: Address: 2710 N.E. 11 AVE. Address: 6531 KIMBERLY BLVD. City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: NORTH LAUDERDALE, FL 33068 Title: () Delete Title: () Change (X) Addition KELLEY, ROBERT Name: Name: 19330 SW 49 PLACE Address: Address: City-St-Zip: City-St-Zip: DONNELLON, FL 34432 Title: () Delete Title: () Change (X) Addition PITMAN, DONALD Name: Name: 7750 SE 196 TERR. Address: Address: MORRISTON, FL 32668 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN FOSTER D 04/27/2004