

NONPROFIT CORPORATION ANNUAL REPORT 2001	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00000005462
1. Corporation Name Suspension Solutions, Inc.

FILED
01 JUL 19 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 638 N.E. 9th Avenue Suite, Apt. #, etc. 22 City & State 23 Boynton Beach FL Zip 24 33435		2a. Mailing Address 26 941 Fourth Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Miami Beach FL Zip 29 33139		3. Date Incorporated or Qualified 8/18/2000		3a. Date of Last Report	
4. FEI Number 65-1033234		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent Corporate Creations Network Inc. 941 Fourth Street #200 Miami Beach, FL 33139				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 7/13/01

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director G. David Fellows 638 N.E. 9th Avenue Boynton Beach, FL 33435 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ruth C. Griffin 638 N.E. 9th Avenue Boynton Beach, FL 33435 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004485747--5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Susan Latvala 638 N.E. 9th Avenue Boynton Beach, FL 33435 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13, or on attachment with an address.

SIGNATURE *[Signature]* G. David Fellows, Director by F.E. Cammarata as attorney in fact
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7/13/01 Daytime Phone # 800-672-9400

FLORIDA FILING & SEARCH SERVICES, INC.

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PG 2 of 2

DATE: 07-18-01

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

TYPE OF FILING: NONPROFIT CORPORATION UBR

NAME: SUSPENSION SOLUTIONS, INC.

SPECIAL INSTRUCTIONS: NONE

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[Signature]